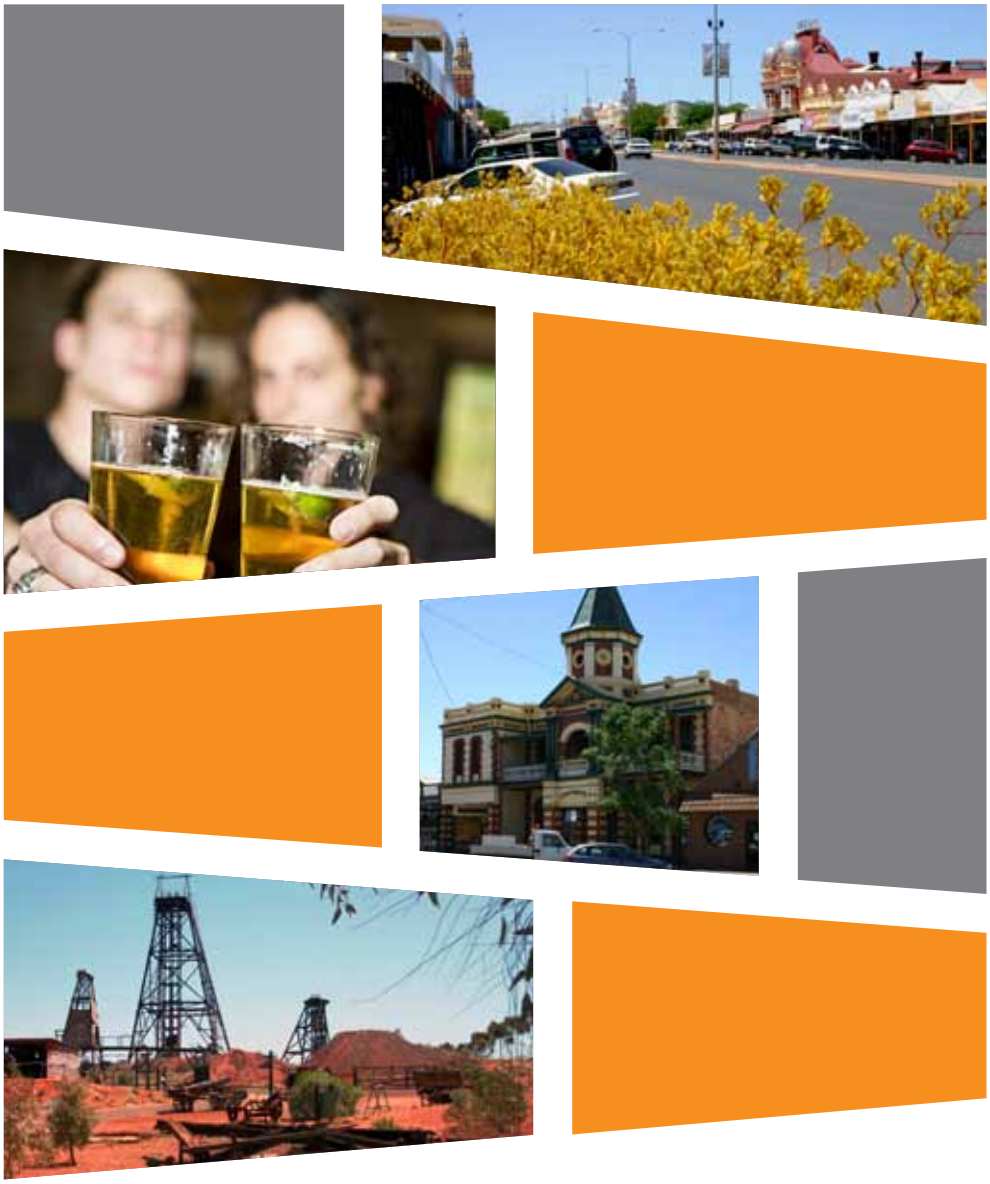
Kalgoorlie Alcohol Action Project Intervention Evaluation 2006-2009



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KALGOORLIE ALCOHOL ACTION PROJECT

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KALGOORLIE ALCOHOL ACTION PROJECT

Intervention evaluation 2006-2009

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Executive Summary

This evaluation report collates the activities of the Kalgoorlie Alcohol Action Project during 2006-2010 and discusses changes that have occurred over a three year period from 2006 to 2009 in how the Kalgoorlie-Boulder community perceives and deals with alcohol related issues.

Kalgoorlie-Boulder is a mining town in remote Western Australia that has had high levels of alcohol use and alcohol related harms. The Kalgoorlie Alcohol Action Project was funded by the Alcohol Education Rehabilitation Foundation through the National Drug Research Institute, Curtin University to conduct a community action research project to address some of these issues. The main aim of the project was to decrease alcohol related harms through the use of whole of community interventions.

In 2006 a community survey and Readiness for Change interviews were carried out to provide a baseline from which to begin the evidence based interventions. Building on the results of the baseline study, several interventions were tailored and implemented over a three year period, and these are summarised in Appendix 1. In 2009, the community survey and the Readiness for Change interviews were repeated and the two data sets were compared to evaluate any changes.

Key findings include:

- An increase in the community's readiness for change from 'Vague Awareness' in 2006 to a stage of 'Preplanning' in 2009; in other words, the community is getting better prepared to implement changes to address alcohol related harms.
- A significant increase in knowledge of local initiatives and practices between the pre- and post surveys.
- Increase in support for interventions to curb alcohol-related harms, particularly for:

- Reduction in the numbers of liquor outlets;
- Reduction in opening hours of liquor outlets;
- Elimination of 'happy hours' in pubs; and
- Increased responsibility by sporting clubs when serving alcohol.

- The community's opinion on alcohol related issues has changed with increased agreement that:
  - There are too many drinking establishments in Kalgoorlie-Boulder;
  - Alcohol is a bigger problem in this town than elsewhere; and
  - More people are feeling unsafe walking home from the pub in 2009 than in 2006.

The discussion focuses on placing these findings within the context of previous research evidence and provides a number of recommendations for future work, with a particular focus on working strategically at a local government level and with the local media, while at the same time collaboration within the AOD sector should be increased and strengthened.

1.0 INTRODUCTION

The Kalgoorlie Alcohol Action Project (KAAP) was a five year, whole of community initiative that sought to create awareness about problematic alcohol use and mobilise the community to address the associated harms at a local level. KAAP attempted to develop an integrated 'whole of community' response framework that draws on developmental prevention, population approaches and harm minimisation. The project was initiated as a partnership between the National Drug Research Institute (NDRI) at Curtin University and the City of Kalgoorlie-Boulder. Ongoing local direction was initially provided by the Investing in Our Community committee, and more recently by the Kalgoorlie-Boulder Local Drug Action Group. Both reference groups were made up of key local decision makers and community representatives, and the project collaborated with local community organisations and government agencies to carry out interventions. Funding for the project has been provided by the Alcohol Education and Rehabilitation Foundation (AERF).

The original aims of the Kalgoorlie Alcohol Action Project were to:

1. Prevent problematic alcohol use and remediate associated harm in the community in collaboration with the Investing in Our Community management committee.

2. Develop and implement a range of evidence-based strategies in conjunction with the community and under the local management of Investing in Our Community to bring about concordant change in all the community sub-systems that bear on alcohol consumption and harm.

3. Try to change local patterns of alcohol use so they are more normative by actively providing information on broad state and national norms, primarily through media advocacy and advertising campaigns.

4. Build the capacity of local community organizations to carry out prevention activities and to create sustainability after the end of the project.

5. Evaluate the following:
    a. Boulder Short term Accommodation Facility (funded by AERF through the city of Kalgoorlie-Boulder);
    b. The Library AOD Information Unit (funded by AERF through the city of Kalgoorlie Boulder in collaboration with Investing in Our Community); and
    c. The Interpretive Garden (funded by AERF through the city of Kalgoorlie-Boulder).

1.1 Alcohol integrated in the social fabric of community

Alcohol use has become an integrated part of the social fabric in many countries around the world e.g. USA, Canada, New Zealand (Shanahan et al., 2002; Popova et al., 2007; Stockwell et al., 2005; NHMRC, 2009). Alcohol has been part of the Australian lifestyle since the arrival of the First Fleet in the 18th century and remains a defining component of social life and national identity (Midford, 2005). The pleasures and benefits associated with alcohol use are far outweighed by the significant harms associated with its excessive consumption, for example violence, negative health outcomes, family disruption, lost productivity and huge costs for both industry and community as a whole (Heather, 2001; WHO, 2002; Rehm et al., 2003).

Alcohol's importance in society emanates from its ceremonial use in religious events, birthdays and as an icebreaker in social settings. Both the positive and negative aspects of alcohol use have been well documented in research (Klatsky, 1999; Pliner & Capell, 1974; Brown et al., 1980; Brodsky & Peele, 1999; Heath, 1995; Room 1976; NHMRC, 2009) and there are also historical accounts from significant figures; for example Charles Dickens (1812-1870) who strongly opposed 'total abstinence' in favour of drinking in moderation has written about the impact of alcohol in Victorian England (e.g. "*A tale of two cities"*1859)**.**

During the early days of colonisation, as the population spread throughout Australia so did mining communities and the use of alcohol. Kalgoorlie-Boulder is an isolated mining community with a population of 28,000, situated approximately 600km east of Perth and early in the last century it had over 90 hotels and eight breweries serving a predominantly male population, there to work in the newly established gold mines. Traditionally, mining has attracted a predominantly younger group of people and this is still evident in the current age structure in the community that has a median age of 30.8 years and is male (52.1%) (ABS, 2006 Census). By comparison the WA median age is 36.2 years and 50.2% of the population is male (ABS, 2006 Census).

A large proportion of the population is well paid (median weekly household income of $1,513, compared to $1,027 nationally) and the unemployment rates are low (3.5%, compared to 5.5% nationally), although there is considerable poverty among the local Indigenous population that constitute approximately 6.3% of the total population in the Goldfields region (unemployment rate 52.7%, compared to 16% nationally) (ABS Census 2006; PHIDU, 2005). The community still maintains its frontier tradition, with high levels of alcohol use, available 24 hours a day, and one of the highest numbers of hotels per capita of any of the major regional centres in Western Australia (ABS 2006; RGL, 2010).

1.2 Perception and attitudes of alcohol use and its consequences

Perceptions of and attitudes towards alcohol use and its consequences has, like the use of alcohol, also shifted throughout time; for example, in the nineteenth century it was used as a medicament against a range of illnesses (Olsen, 1994) and during the industrial revolution alcohol consumption among employees was considered to increase work performance (ICAP, 2003; Ray, 1978; Hanson, 1993; Gamella, 1995). In recent years there has been a shift in focus in the media as well as in research, from long term heavy drinkers to ‘binge’ drinkers (Roche et al, 2008). ‘Binge’ drinking can be defined as short-term heavy alcohol use that puts the individual at risk of immediate harm, such as violence, falls, and car crashes. Binge drinking is

often attributed to the younger population but research has found that episodic heavy alcohol consumption is common practice among adults older than 25 years of age as well (McMahon et al., 2007; Jeffries at al., 2005).

International studies have documented that it is difficult to attribute binge drinking to particular socio-economic groups; for example an Israeli study found that the most deprived groups had the highest prevalence of binge drinking (Neumark et al., 2003), while a Brazilian study found the direct opposite, that is, the more affluent were more likely to binge drink (Filho-Almeida et al., 2005). It has therefore been suggested that societal beliefs surrounding binge drinking influence this type of drinking behaviour (McMahon et al., 2007). This relates directly to Bandura's (1986) social cognitive theory where the driving force among individuals is to match their peers and this in turn precipitates the drinking behaviour. There is strong support for this theory from several studies among college students in North America (e.g. Bosari & Carey, 2001, 2003) as well as the findings from this study.

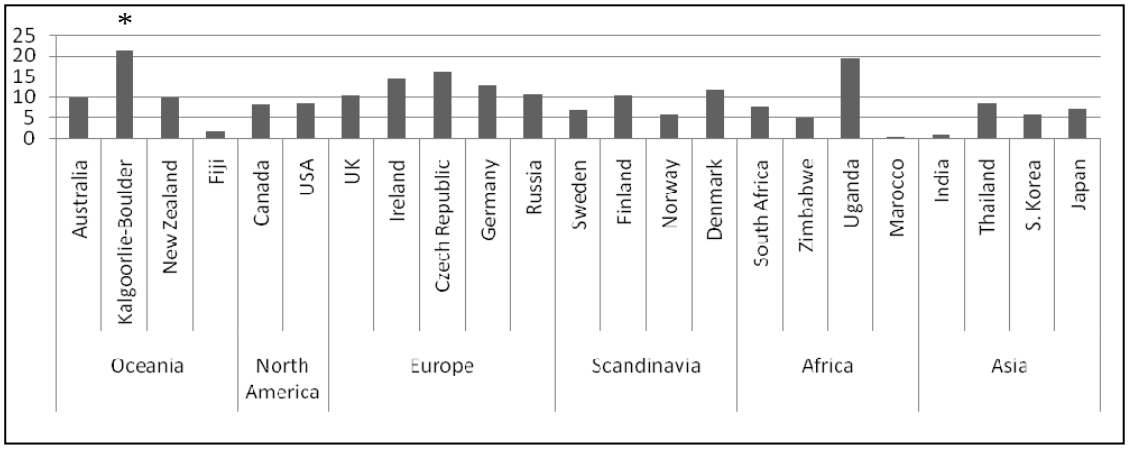
Kalgoorlie-Boulder's roots go back to a work hard, drink hard culture that still persists to a significant extent. The strong association with the mining industry means people come to work in the community for short periods of time for high wages and this, coupled with the historically high levels of alcohol use, has led to a more permissive attitude towards alcohol use and its potential consequences of antisocial behaviour, public drunkenness and violence. These factors have clearly shaped the drinking culture of the community and, as will be discussed later in the report, drinking to excess is normalised by a large part of the population.

1.3 Drinking patterns and volumes of alcohol consumed

The change in drinking patterns is a topic that has recently been given more attention in research around the world. For example Antoni Gual (2006) found a shift among the Spanish population where older and rural drinkers maintained their traditional drinking patterns of alcohol consumption being spread out over the week while the younger urban population have switched to the more common

European weekend drinking. In fact the Spanish government has classified this behaviour of youth drinking excessively to heavy intoxication, without control, during the weekends and resulting in significant harm (e.g., road fatalities and violence on the streets) as a social problem (Gual, 2006). There has been a similar shift in drinking patterns in Australia to the point where single occasion drinking, popularly defined in media as binge drinking, is viewed as a growing problem for society (Loxley et al., 2004; Moore & Dietze, 2008). Nationally, the per capita (all persons) consumption has slowly increased from 9.8 litres in 1981/82 to 10.2 litres in 2008/9 (Chikritzhs, et al, 2010). The most recent per capita consumption of alcohol for WA comes from 2001/2002 and was calculated at 11.3 litres. In a metropolitan-rural comparison, consumption rates and associated harms are all significantly higher in rural areas. For example, in 2002-2006 hospitalisations and mortality caused by excessive alcohol use were 2.2 times and 1.6 times higher respectively, in rural Western Australia than in the metropolitan areas (Xiao et al., 2008). Per capita alcohol consumption in Kalgoorlie-Boulder in 1997 was twice the state average at 21.21 litres (NDRI, 2004). Figure 1 presents a comparison of alcohol consumption in a number of countries from around the world and in Kalgoorlie-Boulder.

Figure 1.1. Comparison of consumption of pure alcohol (litres) for all people aged 15 years and above (WHO, 2004)



What these figures indicate is that alcohol consumption in Australia is reasonably high compared to international levels and further emphasises the fact that drinking

levels in regional Australia and in cities such as Kalgoorlie-Boulder are reaching daunting levels. It has been well established in research that the level of alcohol consumed in a community can be directly linked to a range of adverse outcomes, both at an individual level and at community level (Boles & Miotto, 2003; Norström & Skog, 2003). In Kalgoorlie-Boulder rates of nighttime assaults (a proxy measure of alcohol related harm) and acute alcohol-related hospitalisations were substantially higher than the state average. During the period 2002-2006 Kalgoorlie-Boulder saw 1,132 hospitalisations linked to excessive alcohol use at a cost of over $.4.4 million (Department of Health, 2008). These figures are a stern warning that current drinking levels and consequent high rates of harm will be causing a public health crisis in Australia in the near future.

1.4 Perception and attitudes towards interventions aimed at minimising harm

A major focus for the project in Kalgoorlie-Boulder has been to ascertain and work with the community's perceptions of and attitudes towards harm minimising interventions. A significant characteristic for a 'wet culture' such as the one in this community is that the perception of risks related to excessive alcohol use have a tendency to decrease while prevalence of alcohol-related harms tend to increase (Gual, 2006). For example, people who are heavy drinkers, as per the definition of the National Health and Medical Research Council (NHMRC) guidelines, tend to be more lenient when defining risky drinking, in other words, the perception of risk is directly linked to the person's own behaviour (Shanahan et al., 2002). As such, the definition of 'moderate' drinking is to a great extent dependent on the group that an individual socialises with. For example, if everyone else in your group drinks on average a carton of beer a day and you do as well, then you are by association a moderate drinker; the same goes for the person who drinks a bottle of wine a year, and socialises with a group that has a similar drinking pattern. This becomes further exaggerated as the vast majority have limited knowledge of what a standard drink is as defined by the NHMRC guidelines (i.e., 12.5ml, or 10g of pure alcohol), which often results in people underestimating how much alcohol they actually consume (NHMRC, 2009). In order to establish a community response towards alcohol-

related harms there are three basic conditions that need to be fulfilled. The population needs to perceive that:

- Alcohol use poses an individual and community risk;
- There are attractive and cost-efficient responses to address the issue;
- And action will improve the situation and such action is possible

(Allsop, 2008, p.22).

This was also exemplified in Gual's whole of country study (2006) in Spain, where the social attitudes towards alcohol changed dramatically when the population began to view alcohol as a drug and the link between alcohol use and road fatalities became clear. As a result underage drinking is now viewed as unacceptable even though it has strong roots in the Spanish culture, and the government has significantly strengthened their alcohol policy. What this shows is that even in communities traditionally characterised as having a 'wet culture', such as in Spain and Australia (Gual, 2006; Homel & Clark, 1994) it is possible to effect change, if the issue is perceived as important to the population and the elected government.

On the base of this type of evidence it was decided to conduct readiness for change interviews with the community, to ascertain the level of readiness of Kalgoorlie-Boulder to tackle alcohol-related harm and what type of interventions would be acceptable to the community. As stated by Giesbrecht & Greenfield (1999)

> Public opinion data are an important resource in determining whether actual policies are compatible with the views of those affected by them. Disjunction between research on the most effective policy interventions and views by the public point to a special agenda for information dissemination and prevention initiative (p.521).

The evidence base guiding communities towards sustainable and effective harm minimisation approaches is strong and is based on national as well as international research. It has been well established that people's perception and attitudes are a

vital component for success as is the notion that the most effective ways of addressing the issues are usually those with least support while interventions that are very popular in general have been found to be highly ineffective (Allsop, 2008).

1.5 Social Marketing

The Kalgoorlie Alcohol Action Project used social marketing to attempt to effect change in the community and address the aims and objectives of the project. There are numerous factors that influence an individual's behaviour and attitudes, for example social norms in the community in which they live and work and traits and behaviours learnt through interaction with parents, peers and colleagues. This complex interaction with people in our surroundings is also influenced by information from external sources such as news, music and advertising. In modern society we are surrounded by marketing and advertising for various products and services through a range of media (e.g. through banners on websites, on TV, in magazines, billboards).

Marketing is based on the basic idea of putting the customer, rather than the product, in focus of the business process (Hastings, 2007). When promoting a product or service there are three main aims that advertising is trying to achieve:

1. To increase product awareness;
2. To make us want to buy the product; or
3. To remind us that the product exists so when we go out to look for our normal product we may swap to the advertised brand (Kotler & Keller, 2007).

The choice of advertising strategy and tool depends on multiple factors such as whether it can reach the target group, if it can fulfil the marketing goals and objectives and if there are adequate resources available (Thackeray et al., 2008).

When it comes to alcohol, advertising is one of many factors that can influence drinking practices among youth. It has been well established that young people are influenced by the alcohol use of their parents, peers and other role models, the

latter often seen in the media (Anderson et al., 2009). The positive portrayal of alcohol use then results in positive drinking expectancies and this in turn results in youth believing that alcohol use, even excessive use, is socially acceptable, and that it occurs more commonly among peers and adults than it does in reality and therefore increases youths' intent to drink more as adults (Austin & Knaus, 2000; Austin et al., 2000; Chen & Grube, 2002). An investigation of high quality longitudinal studies found consistent evidence linking alcohol advertising with the uptake of drinking among non-drinking young people, and increased consumption among their drinking peers (Anderson et al., 2009).

There is also hard evidence that marketing works and that it influences both consumer and health behaviour through lifestyle choices (Hastings et al., 2005; Lovato et al., 2003; Hastings et al., 2003; McGinnis et al., 2006). Therefore the idea of learning from success is clearly a good one and something that health promoters should embrace because this capacity to bring about voluntary behavioural change through marketing is far too valuable to be limited to the alcohol industry (Hastings, 2007). However, it is well known that changing embedded cultural norms and behaviours is not an easy task as it is dependent on the individual's willingness and assistance to change, particularly when the behaviour is linked to socially favourable outcomes as is often the case with alcohol (Naidoo & Wills, 2000).

It is here social marketing becomes a valuable tool as it uses marketing thinking and techniques to influence social and health behaviour. As stated by Hastings (2007, p.4) "Developments in public health show that social marketing is not just valuable – it is a matter of life and death". In the current climate with increasing concerns regarding excessive and heavy episodic alcohol use, an understanding of how behaviour can be influenced using the strategies of marketing are at a premium as public health is dependent on them. What social marketing can do is to imitate the success of, for example the liquor industry, and mitigate the harm it sometimes causes. As previously mentioned marketing works and similarly empirical evidence indicates that social marketing can be highly effective; for example a systematic

review of 25 interventions employing social marketing found that 21 of them showed a significant effect on at least one behaviour studied (McDermott et al., 2005). In addition, by understanding how commercial marketing works and how it sometimes causes harmful effects social marketing can be used not only to understand how the 'engine' works but also where and how to put 'the spanner' in the works when necessary (Hastings, 2007).

1.6 Theoretical underpinnings of social marketing theory

In brief terms, a social marketer who focuses on behavioural change needs to ask three questions:

- Where are people in relation to a particular behaviour?
- What factors cause this positioning?
- How can they be moved to a desired position?

Based on the three questions above, three different theoretical paradigms, or models, can be applied to explain human behaviour: the Trans-theoretical Model of Behavioural Change; Social Cognitive Theory; and Exchange Theory. These link into each of the questions that need to be asked when working with social marketing as they build the foundation for successful implementation (Hastings, 2007). Further in-depth scrutiny of these three theoretical models is beyond the scope of this report and readers who are interested should read DiClemente (2003) or Glanz et al, (2008).

The National Social Marketing Centre (NSMC) in the UK has developed eight social marketing benchmarks as indicators of good social marketing. Thus good social marketing:

1. Sets behavioural goals
2. Uses consumer research and pretesting
3. Makes judicious use of theory
4. Is insight driven

5. Applies the principles of segmentation and targeting
6. Thinks beyond communications
7. Creates attractive motivational exchanges with the target group
8. Pays careful attention to the competition faced by the desired behaviour.

Source: Based on NSMC Social Marketing Benchmarks http://www.nsms.org.uk

In order to follow best practice, based on the NSMC guidelines it is essential to begin with a clearly defined behaviour, in this particular case it was excessive alcohol use, and to define the target group. In order for social marketing to be effective an understanding of the needs of the target population was required, as well as their current behaviour and this process needs to be insight driven to ensure the approach used is as attractive and motivating as possible, as health promotion deals with voluntary behaviour and cannot force people to change. In addition, an understanding of the social context of the target group was needed as this is known to have a strong impact on human behaviour, and certain subgroups within a community may have particular needs (Hastings, 2007).

It is important to acknowledge the final NSMC criterion. In this case KAAP was working against a competition that markets their product by highlighting certain benefits from its use, and we needed to shape our alternative behaviour so that it became more attractive for the target audience, as unless the health promotion product is sufficiently attractive people will continue with their current behaviour (Hastings, 2007). So we needed to acknowledge and understand current behaviours, our target group and the forces that were actively pushing in the opposite direction.

According to Hastings (2007) there are three reasons why active competition and critical marketing matter, namely:

1. Understanding the efforts of Philip Morris or Diageo[1], and consumer responses to them, provides us with invaluable intelligence. As

[1] Philip Morris is one of the world's largest tobacco corporations while Diageo is the equivalent in the alcohol industry.

advertising guru David Ogilvy once remarked, ignoring this would be like a general ignoring decodes of enemy signals.

2. Commercial activity is a crucial aspect of the environment that we have already accepted and is itself an important determinant of behaviour. Ignoring the impact of commercial marketing would open up the discipline to the same criticism as if it only focused on individual behaviour such as for example ineffectiveness.

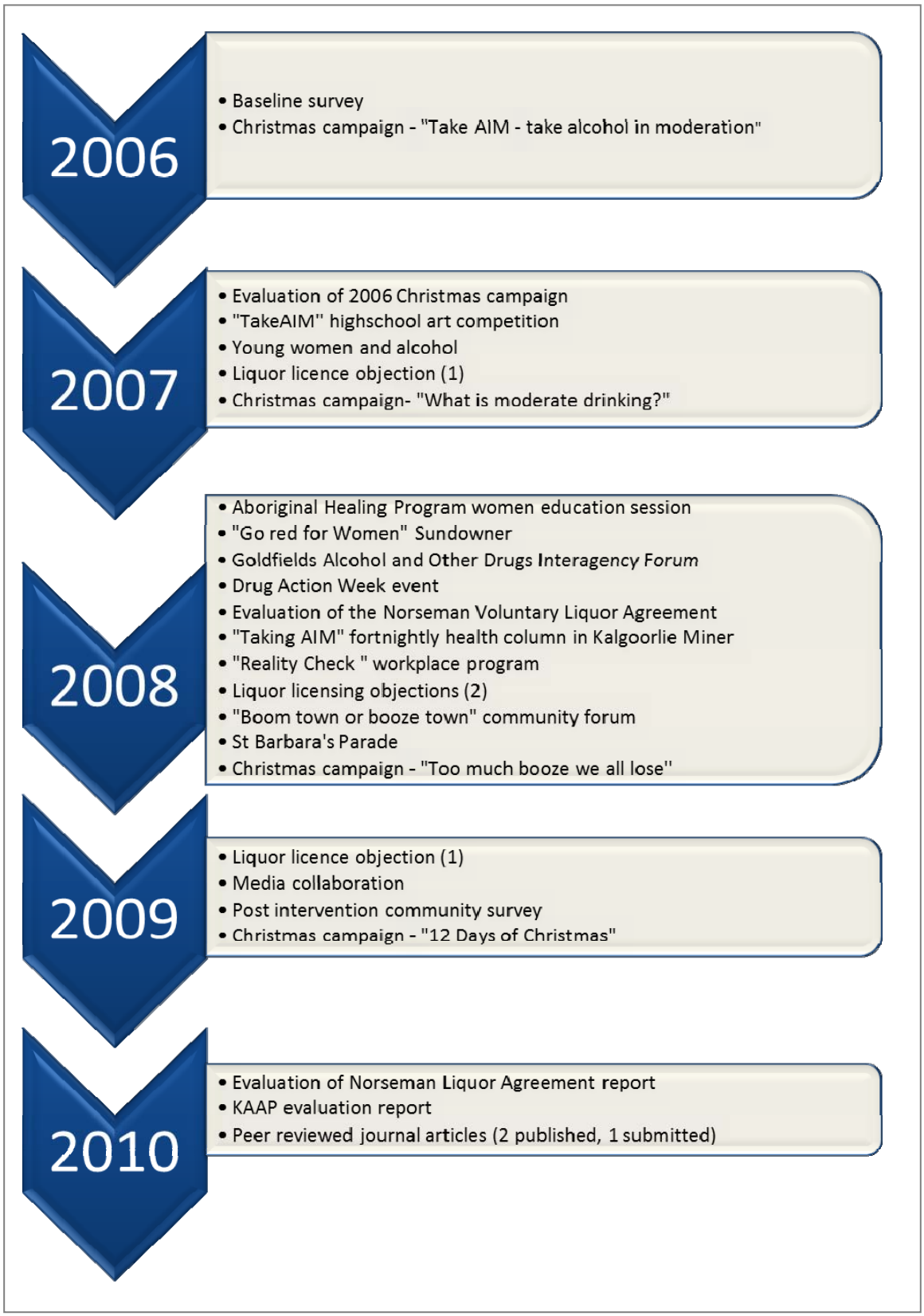
3. The success of the tobacco, alcohol and food industries provides a rich seam of evidence that marketing works. If marketing can get us to buy a Ferrari it can also encourage us to drive it safely.

1.7 Kalgoorlie Alcohol Action Project

At the beginning of the Kalgoorlie Alcohol Action Project, one of the first steps was to determine the baseline from which to carry out the proposed interventions. As such a community baseline survey and readiness for change interviews were carried out with key stakeholders (published in Velander et al, 2010). Based on the findings of the baseline data it was concluded that the target group was the wider community and the primary aim was to raise the awareness of the harms caused to the community by excessive alcohol use. The secondary aim was to change drinking behaviour and this was determined to be a long-term goal. In this context a social marketing framework was used to highlight the discrepancy between alcohol use in Kalgoorlie-Boulder and the significantly lower levels of alcohol use in metropolitan Western Australia.

An overview of the four-year strategy is provided in Figure 1.2, with a more detailed breakdown of the specific activities by year of implementation provided in Appendix 1. A summary of the conference and symposia attendances and presentations that occurred during the project are provided in Appendix 2.

Figure 1.2: Summary of KAAP interventions



In 2009, the community was surveyed again to elicit if any changes have occurred as a result of the interventions carried out during the lifetime of the project. The rest of this document reports on the methodology and outcomes of the pre and post survey. Revisiting the aims of the project as listed on page, aims 1-4 were achieved and their evaluation is discussed in this report. However aim 5, to evaluate three activities funded by AERF through the city of Kalgoorlie-Boulder, namely the Boulder short stay facility, the library AOD unit and the Interpretive Garden were not completed due to the inability of the KAAP team to access relevant documentation from the city of Kalgoorlie-Boulder.

1.8 Factors that may have influenced changes in perceptions and attitudes

It is important to acknowledge that during the project period (January 2006-December 2009), there were a number of national and state campaigns aimed at educating the community on alcohol related issues which may have had an effect on the outcomes measured in this report.

i. The National Binge Drinking Campaign

On 10 March 2008, the Australian Government announced the $53.5 million National Binge Drinking Strategy to address the high levels of binge drinking among young Australians. The campaign included a $20 million hard-hitting social marketing campaign that ran over two years to confront young people about the costs and consequences of binge drinking. The campaign consisted of television commercials, radio commercials and printed advertisements with the slogan “Don’t turn a night out into a nightmare”.

ii. State campaigns

For a summary of the state campaigns please see Table 1.1.

Table 1.1: Summary of the West Australian alcohol education campaigns that occurred during the course of the project.

Campaign timing	Campaign name	Aims and objectives	Strategies
12/2006 – 2/2007	"Enough is Enough"	*'The Problem' Phase* Aim: To reduce the acceptability of the harms associated with drunkenness and support safer private and licensed drinking settings, conducive to low-risk drinking. Objectives • Increase the awareness of negative consequences of drunkenness on the community. • Decrease the community's acceptance for problematic behaviours associated with drunkenness. • Increase the awareness of uncontrolled access and consumption as a major facilitator of drunkenness in the community. • Increase the community's ability to reduce public drunkenness and support for environmental change.	*Paid Media Strategies* • Press advertising. • Convenience advertising (adshels, bus wrap, smart cars). • Web banners. • Regional press advertising (Kalgoorlie Miner and Esperance Express).
9/2007 – 10/2007	As above	As above	*Paid Media Strategies* • Press Advertising (Esperance Express, The Golden Mail, Goldfields Express). • Radio Advertising (Hot FM Goldfields).
2/2008 – 4/2008	"Rethink Drink"	*'Here's To' Phase* Aim: As above Objectives: As above	*Paid Media Strategies* • Television Advertising (WIN and GWN included). • Convenience advertising (metro only).
3/2008 – 4/2008	As above	*'Pregnancy' campaign* Aim: To discourage drunkenness in Western Australia. Objectives • Decrease the acceptance and social supports for getting drunk. • Increase action that limits the opportunity for drunkenness (access and availability).	*Paid Media Strategies* • Television Advertising (WIN and GWN included). • Convenience advertising in selected regional roadhouses and licensed premises.

1.9 Summary of chapter

This study was conducted in rural Western Australia in the community of Kalgoorlie-Boulder and, based on national and international research, has followed a path of evidence based best practice for the implementation of a range of interventions aimed at reducing harms associated with excessive alcohol use. Kalgoorlie-Boulder, with its colourful history as a frontier mining town, has a lifestyle characterised by a work hard, drink hard culture, which has become an integrated component of the social fabric of this community.

This is also the foundation on which the perceptions of and attitudes towards alcohol and its consequences are to be found and which, in Kalgoorlie-Boulder, have traditionally been very permissive in terms of acceptance of drinking to intoxication, antisocial behaviour and other negative outcomes associated with this pattern of alcohol use. Per capita alcohol consumption in Kalgoorlie-Boulder is among the highest in the world, see Figure 1.1 p.8, and as a 'wet' community it was expected that there would also be more opposition to restrictions aimed at addressing alcohol related harms.

The rest of this report comprises the outcome evaluation of the entire project as measured using a pre test post test design, however Appendix 1 documents each individual intervention and activity by the year in which it was implemented, as well as their outcomes.

2.0 METHODOLOGY

Evaluation was one of the integral components of this project and was used to measure any changes that occurred over the life of the project. For example, process evaluation was used to identify best practice when working with community organisations; impact evaluation was used to determine impact of community information sessions and outcome evaluation was used to determine the results of the annual Christmas campaign. To measure the impact of the entire project, a pre test post test design was used and, in 2006, a pre-intervention or baseline community survey and Readiness for Change interviews were carried out. A copy of the survey is included in Appendix 3. Three years later in 2009, the same instruments were used to collect information from the community, and the two sets of data were compared and analysed to identify any changes.

2.1 Readiness for Change

Since the main aim of KAAP was to provide evidence based interventions supported by best practice, it was deemed vital to determine the local perceptions on drinking and the level of readiness for change in the community in order to tailor interventions specifically to the community's needs. Research has established that many prevention programs fail to succeed as a result of little or no support for suggested interventions and/or because the community does not accept the idea that there are problems in the community that need to be rectified (Donnermeyer et al., 1997). Readiness to change in individuals with alcohol and other drug problems was identified by Prochaska & DiClemente (1986) as a determining factor in the success of interventions, and the same is likely to apply to communities.

The instrument used in this project is called the 'Readiness for Change Interview' and it derives from the 'Community Readiness Model' (Plested et al., 2003). The instrument was adapted to the Kalgoorlie-Boulder context and used to interview community leaders and stakeholders. Community leaders in local politics, retail, media and not for profit agencies were chosen because of their overall good

knowledge of what is happening in the community and because through their position they have their 'hand on the pulse' of the community. Key stakeholders, included local representatives of government departments such as health and the police were included in the interviews as they work in the area and are very well informed about what is actually going on in the community in relation to alcohol issues.

The Community Readiness Model has been developed by the Tri-Ethnic Centre for Prevention Research at Colorado State University and the main purpose of the tool is to assist researchers, and communities, in getting a better understanding of the processes of community change. It also assists in developing effective, culturally appropriate, strategies, in this particular case to reduce harms associated with excessive alcohol use, tailored for the individual community (Plested et al., 2006). The Readiness for Change interview provides an indicative scale of the level of readiness for change in a community by taking into account relevant knowledge, perceptions and activity at the local level. The Community Readiness Model also assists in maximising chances of success for an intervention, as it offers a set of tools to determine what problems would be best targeted in a particular community (Plested et al., 2003). The key informant interviews assessed six dimensions of community readiness namely community efforts, community knowledge of efforts, community leadership, community climate/culture, community knowledge about alcohol related issues and local resources committed to prevention of alcohol related harm. In addition to calculating readiness scores in these six dimensions, participants' responses were averaged to determine the overall level of community readiness.

2.1.1 Sample selection and data collection

In 2006 and in 2009 the selection of key informants was designed to obtain a broad spectrum of views related to where and what kind of problems exist in the community. A cross-referenced 'snowball' sampling method was used to identity stakeholders with substantial understanding of alcohol-related issues and this

process was extended to the point where the same individuals were repeatedly nominated. Arrangements were made to interview the most frequently identified stakeholders in settings they found most comfortable. The 2006 sample consisted of 16 key informants and in 2009 the number was 14. Each interview lasted on average one hour and a standardised set of questions was administered to each participant. Elaboration was encouraged when a higher degree of detail regarding community readiness issues were revealed. Interviews were conducted by experienced interviewers and each interview was recorded, with the participant's consent, and the answers were referenced to a structured response score sheet.

2.1.2 Analysis

Two researchers took an active part in the data analysis and individually scored responses in accordance with the criteria specified in the Readiness for Change Manual. Each interview was transcribed and went through a process of content analysis where each question was scored in accordance with the manual's instructions. After the completion of the individual scoring each researcher had to provide a rationale as to why a particular level was chosen, and the score adjusted if necessary. This adjusted score was then used to calculate the average score for each of the six readiness for change dimensions (see example below for Dimension A).

Interviews	#1	#2	#3	#4	#5	#6	TOTAL
Dimension A	4.5	3.9	4.1	4.2	4.6	3.9	25.2

The purpose of this procedure was to control both the validity and reliability of the interpretations of the interviewees' responses. In order to derive the community readiness score for each dimension the mean score was calculated for each dimension.

TOTAL Dimension A 25.2 ÷ 6 (number of interviews) = 4.2

To determine the overall level of readiness the average value of the six dimensional scores was calculated. This provided the researchers with the final score for the overall level of readiness in the City of Kalgoorlie-Boulder. The final step in determining the readiness for change was to select particular comments and qualifying statements from the interviewees as a way of illustrating salient issues.

The levels of readiness for change in both 2006 and 2009 were then compared and implications were considered.

2.2 Community Survey

The community survey instrument was specifically designed for this project in 2006. As background data on alcohol consumption levels had already been collected prior to the study, the purpose of the community survey was to gather information on individual perceptions and attitudes towards alcohol use, and to identify local drinking patterns and problems (e.g. did they feel safe walking home from the hotel?). This type of information is considered important in determining the target of interventions, as well as getting an understanding of what support to expect for particular intervention approaches. In 2006, the community survey was subject to expert review and pilot tested with a small sample of community residents prior to the general administration, to ascertain validity and reliability of the survey instrument. The instrument comprises a mix of multiple choice items, Likert scale and open-ended questions on patterns of individual alcohol use, local alcohol problems, knowledge of prevention efforts and attitudes towards alcohol use and control. In addition, non-identifying demographic information was also gathered. It took approximately 10-15 minutes for participants to complete the questionnaire, and respondents with literacy difficulties received assistance to complete the survey.

2.2.1 Sample and data collection

A quota sample design was used to ensure those interviewed represented the diversity of the community. In 2006, 405 local residents were surveyed and in 2009

the sample size was 378 people. The adult population was segmented by sex, age (18–24 years, 25–44 years and 45 years and over) and Aboriginality. Aboriginal people were over-sampled on both occasions because as a group they are particularly at risk from alcohol and their perspectives are important in the development of community prevention. The surveys were administered at a number of focal points in the city, during various times of the day and over different days of the week to maximise diversity of community representation. The surveys were also emailed around community networks.

2.2.2 Analysis

SPSS version 15 was used for analysis of all survey data. Types of analysis carried out included frequency distributions, cross tabulation, case matching and logistical regression. Furthermore, pre and post intervention results were compared, changes were measured for significance and implications discussed.

3.0 RESULTS

3.1 Readiness for change

Sixteen and fourteen key informants were interviewed in 2006 and 2009 respectively and their responses formed the basis of a set of dimensional readiness scores. The range of scores stretches between 0 and 10, with 0 indicating that the community is not ready to change and 10 indicating that there are significant and sustainable resources in place to address the issues. Results are summarised in Table 3.1.

The total adjusted score on the readiness for change scale has increased one step from "Vague Awareness" on issues related to excessive alcohol use in 2006 to "Preplanning" in 2009. This score indicates that in the past three years the overall knowledge and awareness of the community around the issue of alcohol related harm has increased. There is clear recognition within the community that something must be done, and there are a number of groups attempting to address it. However, efforts are not focused or detailed and there is some resistance against interventions that affect the whole of community.

3.1.1 Community efforts currently in place – score has increased from 4.2 to 6.5

It is reasonable to assume that an increased score from 4.2 to 6.5 in terms of community efforts currently in place is due to KAAP's efforts in this area. KAAP has been the only "new player" in the alcohol field in Kalgoorlie-Boulder since 2005 and one of the project's main objectives was to increase community efforts. To this end we have collaborated with stakeholders and supported and encouraged the implementation of events, activities and other efforts. For example, KAAP has actively worked with and sourced funding for the Local Drug Action Group (LDAG) to hold annual public events such as at Drug Action Week and for participation in the St Barbara's Parade. LDAG was one of the most frequently recognised community efforts in the Readiness for Change interviews. KAAP itself has also been responsible for a number of community wide interventions, the most widely recognised being

the annual Christmas campaigns, which ranged from free giveaways such as drink holders with moderate drinking messages on them to radio campaigns and a locally produced TV campaign.

3.1.2 Community knowledge about efforts – score has increased from 3.6 to 5.1

The increase in the score of community knowledge about efforts from 3.6 to 5.1 is closely related to the previous dimension and has been one of the main objectives of KAAP. We have attempted to increase knowledge of efforts through various means, notably through the local media and through support and participation in community activities and events. KAAP has often initiated and coordinated efforts in partnership with local stakeholders and has had a public presence at most community events where alcohol was a topic of interest such as Drug Action Week, World HIV Day, White Ribbon Day, National Aboriginal and Islander Day Observance Committee Week (NAIDOC week), Valentine's Day, and International Women's Day. KAAP has also supported and publicised various efforts and services in the project's fortnightly health column in the local newspaper, which was published for a period of 18 months during the lifetime of the project.

3.1.3 Leadership – score has decreased from 3.7 to 3.1

The decrease in the score of leadership from 3.7 to 3.1 is indicative of a level of disenchantment with the lack of support from community leaders, particularly among those working in the alcohol sector in this community. Feedback from key informants is that the community leadership does not view alcohol related harm as their responsibility to address or support. Most community leaders have lived all their life in Kalgoorlie-Boulder and based on responses to the Readiness for Change interviews they are not cognisant of the true extent of the issue at a local scale when compared to the rest of the state. Furthermore, when community leaders are required to make decisions around alcohol related issues they do so without consultation with key agencies working in the AOD field (eg: Population Health Goldfields, Bega Garnbirringu or Prospect Lodge) as well as other key stakeholders

(eg: Local Drug Action Group). This results in activities and interventions that are not evidence based and in outcomes that are often unsuccessful or have limited effect.

3.1.4 Community climate – score has decreased from 3.9 to 3.2

The score of community climate, or community's readiness to embrace the notion that there may be a problem in the community decreased from 3.9 to 3.2. This dimension is probably the hardest to change as there is a strong drinking culture in Kalgoorlie-Boulder that goes back two hundred years, and is one of which the community is very proud. There is a fear that losing the culture is akin to losing the community identity, thus there is strong resistance against anything that threatens the "culture". The prevailing attitude is that it is an accepted part of the community life, the way things have always been and that how much a person drinks is a private issue. One example that promotes heavy drinking is the use of skimpily dressed bar maids (so-called 'skimpies') and competitions such as 'Win your weight in Bourbon', practices that have a long history in Kalgoorlie-Boulder. KAAP has attempted to create awareness and discussion around ways to keep the culture and history alive without the harmful aspects of excessive alcohol use in the fortnightly columns and through letters to the editor, emphasising harm minimisation aspects.

3.1.5 Community knowledge about issue – score has increased from 4.3 to 4.4

The score for community knowledge increased slightly from 4.3 to 4.4. The majority of KAAP's efforts over the past three years were concentrated on increasing the community knowledge about the issue of alcohol related harm. To this effect the project has undertaken a number of campaigns designed to create awareness and discussion around the subject at various levels within the community. These included a school art competition for high school students, creation and distribution of an information booklet, radio, newspaper and TV campaigns, regular letters to the editor and a community forum. Social marketing strategies featuring humour were used in the campaigns to engage the community. Evaluation of some of the interventions took place within 4-6 months of the event, and showed that the right messages were getting across. However, financial constraints to maintain ongoing

campaigns and the high population turnover mean that there is constant loss of knowledge on the issue in the community. This is reflected in the score being constant for this particular dimension.

3.1.6 Resources related to prevention of issue – score has increased from 3.5 to 5.3

The score for resource related prevention of issue increased from 3.5 to 5.3. The community has some resources dedicated to the prevention of alcohol related harm, which is a significant increase from three years ago when the community was unsure of what it would take and where the resources would come from. There is some interest in using these resources for prevention work but efforts are uncoordinated and there is limited knowledge about the necessity and application of evaluation. KAAP has worked with local stakeholders to build capacity, coordination and to enhance access to and use of existing resources by supporting local efforts in planning, delivery and evaluation of numerous efforts. For example KAAP has initiated and chaired the Goldfields Alcohol and Other Drugs Reference Group for the past three years with the aim of sharing information and coordinating training and service deliver all across the Goldfields.

A major issue is that funding for efforts is limited and irregular and local organisations often compete with each other for the limited funds. The skills and qualifications of the staff working in this area are diverse, with a large proportion having minimal or no formal qualifications or much experience in working with prevention of alcohol related harm, while a smaller proportion has well developed skills and formal qualifications. Staffing shortages and high staff turnover related to the mining industry and regional location exacerbate the issue.

Table 3.1: Summary of Readiness for Change Results

Dimension	2006 Score	Analysis	2009 Score	Analysis
Community efforts currently in place	**4.2**	• Indicates that some community members have met and have begun discussions on developing community efforts. • In general those working for a service provider dealing with alcohol related issues indicated a higher level of readiness, in that they identified efforts currently in place. • A weakness that was consistently mentioned by respondents was the abundance of committees but little accompanying action.	**6.5**	• Indicates that community efforts have been implemented. • Most respondents were able to name at least two different efforts. • In general those working for a service provider dealing with alcohol related issues were able to identify many efforts currently in place.
Community knowledge about current efforts	**3.6**	• Indicates that the community's knowledge about what is going on in the locality in terms of preventing alcohol related harm is relatively low. • A few community members have heard about various efforts but knowledge about the actual content and extent of the efforts are limited.	**5.1**	• Indicates that members of the community have basic knowledge about local efforts and their purpose. • Generally all respondents regardless of whether they worked in the alcohol field were able to discuss details of various efforts
Leadership	**3.7**	• Indicates that there is some recognition among community leaders of the need to do something about alcohol related problem. • Some community leaders are even attempting address the issue, for example by supporting the Kalgoorlie Alcohol Action Project (KAAP). • Interestingly, the majority of respondents were unaware that KAAP was in great part the result of efforts by community leaders.	**3.1**	• Indicates that there is some recognition among community leaders that there is an alcohol issue in the community but they do not feel it is their role to address it. • Most respondents did not feel there was much support from community leaders such as the city council, for community efforts to address alcohol related issues. • Respondents felt that community leaders provided support to efforts that have no proven or very limited effect and that that there was lack of impartiality eg. one city councillor is a publican.
Community climate	**3.9**	• Indicates that there is a growing concern among community members about this issue and the need for it to be addressed in some way. • People have a neutral, slightly disinterested perspective on the issue. Their view is that this is the lifestyle of Kalgoorlie; this is how it has always been and this is how it's going to be in the future. • There is a belief that alcohol related harm is not an issue for the community at large but rather for a few individuals and they are the ones who should be targeted to solve the problem.	**3.2**	• Indicates that there is a growing concern among community members about this issue and the need for it to be addressed in some way. • A significant number of people have a neutral, slightly disinterested perspective on the issue. Their view is that this is the lifestyle of Kalgoorlie; this is how it has always been and this is how it's going to be in the future. • There is a belief that alcohol related harm is not an issue for the community at large but rather for a few individuals and they are the ones who should be targeted to solve the problem. There is resistance against interventions that target whole of community.
Community knowledge about alcohol related harm	**4.3**	• The community recognises that alcohol related harm is an issue and people can identify the most visible signs, but the community does not have an in depth appreciation of the issue. • There is information available and one doesn't have to look very hard to find it. The level of community knowledge may have more to do with a lack of interest in the issue, since it doesn't affect them personally.	**4.4**	• The community is generally aware that alcohol related harm is an issue and people can identify the most visible signs such as violence and drink driving. • While respondents admitted that there is information available the level of community knowledge may have more to do with a lack of interest in the issue, since it doesn't affect them personally. • High population turnover (45% renewal every 3 years) exacerbates this.
Resources related to the prevention of alcohol related harm	**3.5**	• Indicates that the community is unsure what resources they need or where the resources would come from to initiate efforts. • They are aware that there are some individuals and organisations that could be utilised as resources.	**5.3**	• Indicates that the community is aware of what resources they need and are looking into where the resources would come from to support efforts. • The community are accessing some of these resources but lack of a broad base of volunteers is an issue.
TOTAL ADJUSTED SCORE	**3***	INDICATES VAGUE AWARENESS - Most feel that there is a local concern, but there is no immediate motivation to do anything about it.	**4***	INDICATES PREPLANNING - There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.

*The overall Readiness for Change score for 2006 was 3.8 and for 2009 was 4.5. However, the developers of the Community Readiness Model advise rounding down the score to ensure that any interventions that derive from the Readiness Model do not overstep the community's capacity for change (Plested et al., 2003). Therefore the overall Readiness for Change score were adjusted to 3 and 4.

3.1.7 Discussion - Readiness for Change

In conclusion, there is beginning to be some awareness of alcohol as an issue for the community. Efforts in this area are centred on treatment such as counselling services, and Alcoholics Anonymous or on stop gap measures such as increased police presence in 'hot spots'. Population Health, and the WA Country Health Services carry the bulk of the prevention work for alcohol in Kalgoorlie-Boulder, however they have limited resources to promote or publicise their work extensively. The Local Drug Action Group has been more active in the past couple of years and thus its public profile has increased however there is no continuity. Thus knowledge of community efforts is limited. Lack of awareness of local efforts is also hampered by the large population turnover that occurs due to the nature of mining industry employment practices (Keown, 2005). As seen in various international studies, an important step in raising awareness of projects for organisations dealing with AOD and local alcohol-related issues is to use different types of media (e.g., newspapers, television, and the internet) as instruments to gain support for interventions to curb harms associated with excessive alcohol use (Casswell et al., 1989; Neighbors et al., 2006)

Support from local political leadership is lacking and to some extent this is due to and results in community efforts being uncoordinated and intermittent. Furthermore, the local political leadership does not view alcohol related harm as their responsibility to address. This has been repeatedly communicated to KAAP by the City of Kalgoorlie – Boulder CEO and councillors as well as through their reluctance to participate in projects to combat alcohol related harms in the community such as the possibility of hosting and acquitting funding from a large interagency application for a Federal Binge-drinking grant. These outcomes could be a result of them not being fully aware of the evidence that local government supported initiatives can be effective and a lack of awareness of the measures they could apply to make a difference. However it must be acknowledged that the city council has been provided with comprehensive work material from the Western Australian Drug and Alcohol Office entitled *"The Local Government Alcohol Management Package"* that details various evidence based interventions that can be implemented by local government as well as local data on

alcohol related harms. This toolkit is available online from the Drug and Alcohol Office website: www.dao.health.gov.au

Community attitudes and knowledge on this matter are divided, with some sections clearly aware there is an issue that needs to be addressed and can recognise the signs and symptoms. The key informants who participated in the Readiness for Change interviews indicated that in their opinion the majority of the community is disinterested and believes that the issue does not affect the community as a whole but rather it is an individual problem. There is no clear focus on what could be done or who should be doing it. As mentioned earlier, the high population turnover exacerbates this disinterested community attitude and research (e.g. Alsop, 2008; McMahon et al., 2007; Casswell et al, 1989; Wagenaar & Perry, 1994) has highlighted that lack of knowledge and/or disinterest is a key factor behind lack of success and support for various types of interventions. This is particularly the case for interventions that are supported by evidence as effective in favour of 'feel good' interventions that are easy to implement but lack supporting evidence for effectiveness.

Resources and services are available in the community but are limited in scope and lack coordination. Treatment services and reactive measures such as alcohol and drug counselling and employee assistance programs are well recognised and funded however, prevention and health promotion measures are struggling for funding and support.

The next step to increase Kalgoorlie-Boulder's readiness is to provide concrete ideas to combat alcohol related harm to the community; that is provide a focus and detail to efforts. This should include:

- Investing community leaders, both formal leaders (e.g., local government, mayor, local politicians, senior government representatives and police) and informal leaders (e.g., Indigenous community elders, sport leaders, managers for private enterprises) in the cause with a "what's in it for them" approach, that markets

the benefits of reducing alcohol related issues in a way that would interest them eg. money saved in the long term.

- Introduce information about the issue through presentations and media and form partnerships or collaborate with local news outlets on community campaigns with a solid evidence base. Persistence is a necessary component in the work to break down barriers and to find other ways of creating and sustaining an interest in the community. It is necessary to spread prevention efforts as substance misuse, a social behaviour, is an embedded component in the framework of community norms, and support systems and prevention has been found to be more cost effective than treatment (Giesbrecht & Ferris, 1993). Furthermore, health promotion and prevention activities need to be ongoing due to the constantly renewing population in Kalgoorlie-Boulder.
- Promote the idea of coordinating existing efforts and develop strategic plans of action for existing stakeholders, with clearly identified roles and responsibilities. This could be achieved through the development of Memoranda Of Understanding (MOUs) between agencies as these, if properly developed, define the various roles and expectations of participating organisations and provide a framework that is not reliant upon personal contacts and therefore can be used when new employees step into existing roles.
- Conduct local focus groups to discuss issues and develop strategies to ensure that the community has ownership of the efforts and thus will be more supportive of them. The focus groups would assist in building linkages with and within the community and allow for the negotiation of arrangements that are of priority for this particular community, an evidence based approach that adds to the success and sustainability of interventions (Giesbrecht & Ferris, 1993; Schineanu, Velander, Saggers, 2010).
- Increase media exposure through radio and television public service announcements to continue educating and informing the public on various aspects of the issue and on possible solutions. This is particularly important in light of the high population turnover; so ongoing ‘marketing’ of information and efforts is vital.

3.2 Community Survey

In 2006 we surveyed 405 respondents and in 2009 we surveyed 379 respondents. Table 3.2 below summarises the demographic breakdown of both groups of respondents. The Indigenous population was over sampled on purpose at a rate of approximately three times that of the general population, to ensure sufficient numbers for meaningful analysis of their perspectives on the issue. The survey was administered at focal points in the Kalgoorlie-Boulder area, such as outside major shops, along well frequented shopping strips, at community events and has also been distributed via local email networks. There was no statistically significant difference between the demographics of the pre and post intervention samples. In other words, both samples are representative of the community and demographically similar enough to allow statistical comparisons on the items of interest.

Table 3.2: Demographics of the respondents

		% of sample (frequency)	
		2006	**2009**
Age (years)	18-24	19.0 (76)	23.1(87)
	25-44	49.9 (200)	46.5(175)
	45+	31.1 (125)	30.3(114)
Sex	Male	49.6 (201)	47.1(178)
	Female	50.4 (204)	52.9(200)
Ethnicity	Indigenous	12.3 (49)	14.6(55)
	Non-indigenous	87.3 (349)	85.1(320)
	Don't know	0.5 (2)	0.3(1)
Mean length of time living in town (years)		12.6±13.5	12.3±13.9

3.2.1 Alcohol consumption patterns

The number of people reporting having consumed at least one standard drink of alcohol in the previous 12 months was significantly lower ($p<0.000$) in the 2009 sample when compared to the 2006 sample, 77.4% vs 88.9%. This value is also lower than the WA state average of 86.3% (AIHW 2008b). A breakdown by gender shows that compared to the pre intervention sample, 10.4% fewer males and 11.6% fewer females have reported consuming at least one standard drink of alcohol. By comparison in 2007, in the WA, 89.6% of males and 83.2% of females reported having had a standard drink in the previous 12 months (AIHW, 2008b). Considering that the

study population is a stratified representative sample of the population of Kalgoorlie-Boulder this could indicate a real shift in drinking patterns among the population. On the other hand it could, potentially, be a result of selection bias as the shift is relatively significant in size.

In support of the latter theory of selection bias is the extreme difficulty faced by interviewers both in 2006 and 2009 in finding respondents willing to participate in the surveys. In 2006, it took six people over four months to collect the 405 surveys, using various means to engage potential respondents including free sausage sizzles and offers of scratch and win tickets. People were so reluctant to complete the survey that many offered to pay for the sausage sizzle rather than fill in the questionnaire. In 2009, it took four people a similar length of time to collect the 379 surveys. It is conceivable that because of this inherent difficulty in engaging respondents that a type of sampling bias has occurred where an interviewer took advantage of an opportunity to complete many questionnaires from one particular group of people that while demographically diverse and representative of the community may have had similar characteristics in relation to alcohol consumption patterns eg. church group.

Among those who had consumed at least one serve of alcohol in the past 12 months, the frequency of drinking has not changed significantly between the pre and post groups. However there was a shift in the drinking frequencies with fewer males drinking daily or up to 3-4 times per week (10.8%) and more males drinking moderately (monthly or up to 1-2 times per week) (10.6%) in the post-intervention group. Possible explanations for this include increased awareness of alcohol and other drugs screening processes in the mining and associated industries, the consequences of which include decreases in paid working days or loss of employment. Furthermore this decrease in the frequency of drinking could indicate that drinking is concentrated on the weekends or during time off (for shift workers), in other words it may be indicative of a shift towards more “binge drinking”. This possibility is also supported by results discussed in the next sections.

For women in the post intervention group there was a slight increase in the numbers reporting drinking daily or up to 3-4 times per week (2.4%) and a decrease in those reporting drinking moderately (monthly or up to 1-2 times per week) (3.7%). There was no change in the pre and post groups of respondents who reportedly drank rarely (less than monthly to at least once a year).

Overall rates of reported risky drinking for short-term harm, also referred to as binge drinking, increased by 6.4% (8.3% for males and 4.4% for females), however this change was not significant. These values are slightly higher that the corresponding national values with 34.5% of males and 34.6% of females in the post intervention group drinking at risky levels for short-term harm compared to 29.7% males and 32.8% females nationally (AIHW, 2008a).

There were no significant differences between the pre and post groups on where respondents usually drink alcohol. However, there was a significant difference between the pre and post intervention groups on the question of where they consume the most alcohol ($p=0.007$), with a 6.1% and 3.8% increase in numbers reporting consuming most of their alcohol at home and at the sporting club respectively and a matching decrease of 10.1% in respondents that reported having consumed most of their alcohol at the pubs or hotels. This change could be explicable to some extent within the framework of the global financial crisis with more respondents opting to consume alcohol where it is cheaper, that is, bulk purchases for home consumption and drinking at sporting clubs, which being not for profit, sell alcohol for less than the hotels. However, Kalgoorlie-Boulder, because of its gold mining industry has weathered this crisis much better than the rest of the state and country, with minimal loss of employment. Another possible explanation for this shift is that the ongoing antisocial behaviour and safety issues in and around the pubs and hotels are making people stay at home to drink alcohol or frequent sporting clubs, which are situated away from the CBD. This theory is supported by issues of concern identified by respondents and reported in the next sections and by personal communication from several members of the public.

There was no significant difference between the pre and post intervention groups on items relating to when alcohol was usually consumed and when most of the alcohol consumption occurred, or on how respondents rated their drinking compared to the rest of the population in Kalgoorlie Boulder.

3.2.2 Perceptions of alcohol related problems

The perceptions of alcohol-related problems changed between the pre- and post surveys, demonstrated in the change in order of the three main alcohol related problems in Kalgoorlie, with public drunkenness being voted the biggest problem in 2009 closely followed by alcohol related violence. Drink driving dropped from third place in the pre intervention survey to number six, and was replaced with underage drinking as the third major alcohol related problem in the post intervention group (Table 3.3).

Table 3.3: The THREE main alcohol related problems in Kalgoorlie

	2006 (pre) % respondents (no. respondents)	**2009 (post) % respondents (no. respondents)**
Alcohol related violence	45.4 (184)	70.4 (267)
Public drunkenness	44.0 (178)	71.7 (272)
Drink driving	31.9 (129)	36.9 (140)
Underage drinking	26.2 (106)	42.7 (162)
Domestic violence	24.0 (97)	37.2 (141)
Alcohol related crime	18.8 (76)	37.4 (142)
Liquor outlets not selling responsibly	5.2 (21)	11.1 (42)
Intoxicated people at work	3.5 (14)	5.8 (22)
Excessive drinking in sporting clubs	3.2 (13)	8.7 (33)

There was no significant difference between the pre and post groups on whether these alcohol related problems have got much worse, worse, stayed the same, got better or got much better compared to 12 months ago. A breakdown by sex did not show any significant differences between the pre and post intervention groups, except that significantly more males in the post intervention group believed that public drunkenness has decreased compared to males in the pre intervention group ($p=0.002$). This could be a reflection of the more active role taken by local police with their Operation Joust, a police initiative to tackle alcohol related violence in the CBD

by increased police presence, voluntary lockdowns and reduced trading hours for certain licensed premises, aimed at reducing alcohol related anti-social behaviour around licensed premises.

Within the post intervention group alone there were significant differences between men and women, with significantly more women than men believing that public drunkenness and underage drinking have gotten worse or much worse in the past 12 months ($p<0.000$ and $p=0.047$). This may be explained by sex differences in risk perception, which has received significant attention in research (e.g., Gustavson, 1998; Smith & Torstensson, 1997; Siegrist et al., 2005), and where men generally have been found to discount risk while women's perception of risk has been linked to what the vulnerability hypothesis defines as ecological vulnerability. This is clearly highlighted in the result of this study where men, who on average have been exposed to or been victims of violence and abuse to a greater extent than women, still perceived it safer to walk home from the pub at night than women.

3.2.3 Knowledge of local initiatives and practices

Significantly more people in the post intervention group were aware that there are local initiatives to reduce alcohol related problems compared to the respondents in the pre intervention group ($p<0.000$) and this significance is present even when the samples are broken down into sex groups (males $p<0.000$; females $p=0.028$). In the past three years there have been a number of high profile alcohol related incidences which have led to a much stronger police stance on these matters and a more vocal city council. This in turn has led to "Operation Joust", described above. These changes have been heavily publicised in the local printed media, thus leading to an increased awareness among the population. There were some significant changes in knowledge of service practices in local pubs between the pre and post intervention groups (Table 3.4). The results indicate that overall there is significantly increased knowledge in the post intervention group of services such as provision of free drinking water, free bar snacks and the existence of breathalysers in local pubs.

Table 3.4: Knowledge of service practices in pubs			
		2006 (pre)	2009 (post)
Not sell alcohol to people who are already drunk	Yes	39.3	43.7
	No	23.7	23.3
	Unsure	37.0	33.0
Provide free drinking water (p=0.031)	Yes	47.4	52.9
	No	17.5	11.0
	Unsure	35.1	36.1
Serve free bar snacks (p=0.003)	Yes	28.9	29.7
	No	37.1	26.5
	Unsure	34.0	43.9
Have a breathalyser on the premises (p=0.003)	Yes	24.7	33.3
	No	25.5	16.9
	Unsure	49.9	49.7

It is possible that more licensed premises are now providing free water, snacks and have breathalysers on premises. It is also possible that pubs provided these services at the same levels as in 2006, however the public health campaigns to space drinks with water, to not drink on an empty stomach and to not drink and drive have led to people being more aware that pubs serve free drinking water and snacks and have a breathalyser because they are seeking them out in an attempt to space their drinks and so on. However there was no significant change in the number of pubs and hotels that continue to serve alcohol to people who are already drunk.

This result is supported by other studies that have found that 80% of Kalgoorlie pubs serve alcohol to intoxicated customers (DAO, NVEEP, 2009, ICCWA/NDLERF 2010) as well as informal feedback from pub patrons and bar staff (ICCWA/NDLERF 2010). It appears that the take up of low cost low impact interventions to address alcohol related harms has increased but there has been no change in the uptake of interventions shown to have an impact, such as not serving intoxicated patrons, despite Responsible Service of Alcohol training now being mandatory for all staff that work in licensed premises.

There was an increase in knowledge about the types of information on alcohol use that are available in the community, with significantly more respondents aware that there was information on breathalysers in pubs and that there were media campaigns

on TV, see Table 3.5. The increase in knowledge can be attributed to the ongoing federal and state TV campaigns to address the nationwide problem of alcohol misuse in the last couple of years, as well as the increase in public discussions on the pros and cons of providing breathalyser units by local pubs. There was no significant change between the pre and post groups on knowledge about alcohol information on drink coasters or on whether alcohol education is taught in schools and this outcome was expected, as there has not been any change in information available on these two items in the community.

Table 3.5: Knowledge about types of information on alcohol use available in the community

		2006 (pre)	2009 (post)
Library Information Centre (p=0.001)	Yes	35.7	24.3
	No	7.0	12.3
	Unsure	57.3	63.4
Alcohol information on drink coasters	Yes	35.2	29.7
	No	16.3	19.3
	Unsure	48.4	51.1
Breathalysers in pubs (p=0.015)	Yes	26.2	34.2
	No	18.7	12.8
	Unsure	55.2	52.9
Media campaigns (p<0.000)	Yes	67.0	85.0
	No	7.7	5.3
	Unsure	25.3	9.6
Alcohol education in schools	Yes	38.2	40.8
	No	8.0	4.8
	Unsure	53.7	54.4

There was a significant decrease in the post intervention group's awareness of the existence of a Library Information Unit, which includes information on AOD issues. This is most likely due to a lack of ongoing marketing and publicity on behalf of the Library Information Unit, compared to 2005/2006 when the unit was first launched, coupled with the high population turnover in the community leading to a loss of knowledge of its existence.

3.2.4 Community support for interventions

Community support for various interventions has increased significantly in a number of important areas (Table 3.6). Significantly more people in the post intervention

group support reducing the number of places where alcohol should be sold as well as reducing the opening hours for licensed premises and the discontinuation of "Happy hours" in pubs. This change can be attributed to a number of factors.

Table 3.6: Community support for various interventions

		2006 (pre)	2009 (post)
The number of places where alcohol is sold should be reduced (p=0.004)	Yes	36.1	45.4
	No	50.8	38.7
	Unsure	13.1	15.9
Liquor outlets should always ask young people for proof of age	Yes	95.9	98.4
	No	2.5	0.8
	Unsure	1.5	0.8
Opening hours for liquor outlets should be reduced (p<0.000)	Yes	38.1	56.8
	No	45.5	27.6
	Unsure	16.5	15.5
Owners of establishments should be responsible for preventing patrons drinking to excess	Yes	70.2	73.7
	No	15.6	13.7
	Unsure	14.3	12.6
Police should put more effort into catching drink drivers (p=0.010)	Yes	72.1	62.7
	No	13.8	21.4
	Unsure	14.1	15.8
Establishments that serve alcohol should serve free snacks with drinks	Yes	81.4	82.1
	No	11.1	10.6
	Unsure	7.5	7.3
Establishments that serve alcohol should provide free drinking water	Yes	95.4	97.3
	No	1.0	1.6
	Unsure	3.6	1.1
Breathalysers should be available in establishments that serve alcohol	Yes	90.8	87.6
	No	2.6	4.3
	Unsure	6.7	8.1
There should be no "Happy Hour" in pubs (p=0.024)	Yes	33.5	40.7
	No	51.9	42.0
	Unsure	14.6	17.3
Sporting clubs should be more responsible about serving alcohol (p=0.049)	Yes	61.9	53.1
	No	10.3	12.4
	Unsure	27.9	34.5
Applications for new liquor licences should be better advertised	Yes	57.3	55.6
	No	8.2	9.2
	Unsure	34.4	35.2
Council should be able to limit the number of liquor outlets in town	Yes	49.1	52.9
	No	26.4	20.2
	Unsure	24.5	27.0

Firstly there has been ongoing debate in the national, state and local media on the problems caused by excessive alcohol consumption and on attempts by police and government to curb this by reducing opening hours and by revoking licenses such as in Northbridge. Secondly, at a local level to combat the rampant alcohol related violence, the police and the city council have persuaded local licensees to voluntarily reduce opening hours.

According to police statistics, between 2007-2008 and 2008-2009 there was a 42% reduction in non-domestic assaults in the Goldfields which the police attributed to the reduction in opening hours (WA Police website, 2010; Boddy, 2010). These conclusions are supported by earlier evidence that demonstrates the linkage between level of alcohol use and level of violence (Haggård-Grann et al., 2006; McMurran et al., 2006). Thirdly, the Kalgoorlie Alcohol Action Project's social marketing strategy for the past three years has been to increase discussion and debate around alcohol use in the community and to provide evidence based solutions including the reduction of opening hours and the number of licensed premises. These have been carried out via a number of avenues including a fortnightly newspaper column, letters to the editor, community forums, competitions, talkback radio and the annual Christmas campaigns.

By comparison, significantly fewer people in the post intervention group think that police should put more effort into catching drink drivers and that sporting clubs should be more responsible about serving alcohol. The first could be an outcome of the increased police presence on the streets through 'Operation Joust', which has received positive, and ongoing media attention. Thus the police are visibly and actively working to curb alcohol-related harm in the community and the pressure on them to 'do something' may have lessened. The second result is more difficult to explain, but potentially it could be a consequence of the negative publicity that sporting clubs and, particularly AFL and ARL players have had recently and that this has begun to change the community's attitude towards high profile sport personalities and on the role of the sporting clubs in shaping the attitudes and perceptions of our youths.

3.2.5 Community opinion on alcohol related issues

Opinion on local alcohol related issues has also changed significantly in a number of important areas (see Table 3.7). Whereas in the pre intervention group, many of the respondents were unsure as to how to answer several items investigated, in the post intervention group there is a shift from being unsure to either agreeing or disagreeing with a statement, indicating an increased awareness of the issue and thus the ability to make a decision.

Table 3.7: Respondents' opinion on local alcohol related issues

		2006 (pre)	2009 (post)
There are too many drinking establishments in this town (p=0.003)	Yes	44.8	53.5
	No	46.6	34.7
	Unsure	8.5	11.8
Alcohol is a bigger problem in Kalgoorlie than elsewhere (p=0.007)	Yes	36.5	33.1
	No	33.9	44.6
	Unsure	29.5	22.3
The community is involved in preventing alcohol problems	Yes	42.0	43.7
	No	17.5	15.3
	Unsure	40.5	41.0
How much a person drinks is a private matter	Yes	50.8	47.0
	No	30.0	36.5
	Unsure	19.2	16.5
People in Kalgoorlie are drinking less now than 12 months ago (p<0.000)	Yes	11.3	8.4
	No	27.0	46.6
	Unsure	61.7	45.0
Alcohol plays a central role in the social life of our community (p=0.003)	Yes	79.9	87.8
	No	8.0	6.8
	Unsure	12.1	5.4
Alcohol is less of a problem now than 12 months ago (p<0.000)	Yes	7.1	5.9
	No	31.6	52.2
	Unsure	61.2	41.9
It's safe to walk home from the pub in the evening (p<0.000)	Yes	28.2	10.0
	No	54.4	76.5
	Unsure	17.4	13.5
Information on alcohol and alcohol related harm is readily available in our community	Yes	43.6	40.5
	No	15.6	18.4
	Unsure	40.8	41.1
There is a lot being done locally about alcohol problems	Yes	22.2	25.3
	No	20.7	22.9
	Unsure	57.1	51.8
Young people should be taught about alcohol	Yes	94.4	99.5
	No	2.5	0.0
	Unsure	3.0	0.5

Compared to the pre intervention group, in the post intervention group significantly more respondents believe that there are too many drinking establishments in this town, that alcohol plays a central role in the social life of the community and that people are drinking more now than 12 months ago; but at the same time they do not think alcohol is a bigger problem in Kalgoorlie then elsewhere. The majority of respondents in the post intervention group also disagreed that alcohol is less of a problem now than 12 months ago. Lack of safety when walking home from the pub in the evening was highlighted as a major concern in the pre intervention group and significantly more so in the post intervention group, with over 75% of respondents feeling unsafe. This is understandable in the light of the numerous violent incidences that have occurred in the past few years in and around Kalgoorlie licensed premises.

3.3 Summary of chapter

Overall, the patterns of self-reported alcohol consumption have not changed to a great extent over the intervention period and are similar to the state and national levels. Although there was a significant decrease in the number of people that consumed at least one serve of alcohol, case matching analysis showed that there was no association between lack of alcohol consumption and increased support for various interventions. That is respondents that had not consumed any alcohol in the previous 12 months were equally likely to not support various restrictions as respondents that consumed alcohol.

Positively, there has been a significant increase in awareness of alcohol as an issue in the community, however respondents do not believe this problem is specific to Kalgoorlie. There is acknowledgement that alcohol plays an important role in the social life of the community however there is also increased support for restricting the number of licensed premises and restricting their opening hours. The majority of respondents highlighted lack of safety and the violence associated with excessive alcohol consumption as issues of concern.

4.0 DISCUSSION

In order for interventions to be effective it is imperative to have an understanding of public opinion on alcohol policy as this is likely to reflect recent policy changes, as well as provide guidance for future changes (Giesbrecht & Greenfield, 1999). This is also where the Readiness for Change interviews with key informants come into use as knowledge about public opinion is considered a contributory factor in effective interventions to curb excessive alcohol use and thereto related harms (Room, 1993). As seen from the results of this evaluation there has been a small, but important, shift in overall awareness with the community having moved towards a 'pre-planning' phase. This is important as it indicates that the community is becoming more aware of the impact of excessive alcohol use and is seeking ways to reduce the harms caused by this pattern and level of alcohol use. In addition the Readiness for Change interviews also provide an insight into the underlying confounders that make this community unique in terms of lifestyle habits, positive and negative, population subgroups and cultural intricacies, something that quantitative data alone would be unable to do.

One of the strengths of this study is that it investigates what constitute core values in this particular community, information that is valuable when interpreting survey data as it sheds a different light on certain aspects of the quantitative information. But it is also important to highlight the inherent weakness in this type of methodology as it relies on snowball sampling and it is quite possible that there may be valuable information missed due to bias among key informants on who they recommend for interviewing (Morse & Field, 1995; Penrod et al., 2003). The strength of snowball sampling, on the other hand, is that it can provide information gained from hidden populations, or populations of whom researchers have little previous knowledge and which may be difficult to access (Salganik & Heckathorn, 2004).

Thus an understanding of the culture of the community where interventions are planned significantly assists in tailoring appropriate responses to excessive alcohol use (Wagenaar & Perry, 1994; Giesbrecht & Ferris, 1993; Sussman et al., 1998). Actual

alcohol consumption levels in Kalgoorlie-Boulder are very high, both by Australian and International standards, and in addition the pattern of alcohol use is of a harmful character (Velander, Schineanu and Midford, 2010). The harmful effects caused by excessive alcohol use have been well documented in research and the social cost is significantly greater than both tobacco and other drug use (Varney & Guest, 2002; Fenoglio et al., 2003; Preedy & Watson, 2005; Room et al., 2005; Haggård-Grann et al., 2005; McMurran et al., 2006). Therefore it can safely be assumed that the high levels of alcohol use in this community are resulting in a significant cost not only for police, but for the health system as well as the wider community.

As discussed earlier, communities such as Kalgoorlie-Boulder, with a long history of excessive alcohol use generally support interventions that are easy and popular, but not necessarily effective. It is therefore promising that results indicate that over the study period the perception of alcohol related problems in the city of Kalgoorlie-Boulder has changed and that community support for effective interventions, such as reducing the number of liquor outlets and reducing trading hours, has increased.

The findings from this study are similar to a New Zealand study conducted by Casswell and colleagues (1989) who also found a change in attitudes after conducting a range of interventions. The intervention in the New Zealand study was similar to those applied in this project with a focus on social marketing efforts in the media, as well as other venues. Social norms marketing is a widely used prevention strategy with the main objective of minimising harm and it is based on the notion that perceptions of norms are strongly associated with consumption of alcohol and that people have a tendency to overestimate the level of alcohol use among their peers (Baer, et al., 1991; Borsari & Carey, 2003; Lewis & Neighbors, 2004; Neighbors et al., 2006; Perkins & Berkowitz, 1986). There has been some disagreement whether or not social norms marketing is an effective approach for harm minimisation (Wechsler et al., 2003; Perkins et al., 2005); however other researchers (Mattern and Neighbors, 2004) found that it may be a cause of when and how to implement this approach, which highlights the importance of using the Readiness for Change instrument to become acquainted with the characteristics of the study population.

4.1 Recommendations

Based on the results discussed in this report, the following recommendations are suggested:

1. Attempt to engage and involve formal and informal community leaders and local politicians in discussions around alcohol related issues. In order to get enough momentum for sustainable change it is of essence to commit community leaders, as they are often the ones with access to funding and political power to establish change.
2. Expand on collaborative efforts with the local newspaper, the *Kalgoorlie Miner*, to set up local media campaigns around the issue and encourage continuous debate in the community. This is of essence as media is an important source of information to community members and can play a vital role in instigating debate and raising some of the difficult questions that sometimes need to be asked.
3. Continue efforts to share information, build capacity and coordinate existing local prevention and treatment efforts via the Goldfields Alcohol and Other Drugs Reference Group. Many communities have the resources to tackle alcohol and other drug issues, but they are failing in their efforts due to lack of collaboration between agencies. Better collaboration is of importance in breaking the isolation of individual workers, and this is also likely to increase the retention rates in rural and remote areas.
4. Funding for prevention work should be sought collaboratively with other stakeholders rather than by individual agencies. Collaborative funding applications tend to increase a funding body's willingness to provide funding for projects and will decrease the compartmentalisation currently occurring between agencies.
5. Prevention efforts should be witty and unique to capture community attention; that is, access strategies used by the advertising industry. Just as the liquor industry constantly reinvents the ways they advertise their products the health promotion field has to use similar approaches to advertise our messages. Wellbeing and quality of life are excellent products

but there is a need for health promotion to become significantly better at packaging and selling the product to ensure it is attractive to the consumer group.

6. Considering the extent of resistance to cultural change around alcohol consumption in this community it is also recommended that children and young people should be provided evidence-based life and coping skills education (McBride, 2005) to enable them to resist peer pressure to drink alcohol.

4.2 Conclusion

The Kalgoorlie Alcohol Action Project had the great benefit of relatively long term funding, which is essential when attempting to create sustainable change at a community level, particularly when dealing with a sensitive topic such as alcohol. Changing public opinion of excessive alcohol use and related harms requires long term commitment as alcohol is an integrated component of life in Australia and seen as a vital ingredient in social life. It is also vital to understand the contextual setting of alcohol use and what is a community's perception of alcohol use and alcohol related harm. This was the rationale for the use of the Readiness for Change Scale, and it proved vital for this project as it allowed the adjustment of the initial aims of the project to match the readiness level of the community. The Readiness for Change Scale, particularly used in conjunction with the baseline survey, provided a very informative picture of the community and how it viewed harmful alcohol use and the type of interventions the population identified as acceptable. This in turn allowed the development of culturally appropriate interventions that matched the community's stage of readiness, and allowed for interventions to gradually became more targeted as the project went on.

However it is clear that the historical relationship with alcohol and the consequent high level of resistance that exists in Kalgoorlie-Boulder, mean that changes to attitudes and behaviours linked to alcohol will take a long time to occur even with ongoing interventions. Thus other health promotion activities need to be considered that invest community members with skills to resist the peer pressure to drink

excessively as well as build their capacity to tackle the issue at grass roots level.

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Appendix 1: Summary of KAAP interventions by year

2006

1. **Baseline survey**

An important stepping stone for the project was the completion of the baseline community surveys in both Kalgoorlie-Boulder and the control community of Roebourne. A representative sample of the population of Kalgoorlie-Boulder, in all 409 people, was interviewed using a specifically designed, locally appropriate survey instrument. This phase took longer than expected due to a combination of lack of natural meeting points where people walk through and poor weather conditions that made people very reluctant to stop and complete a questionnaire. With the added incentive of a free sausage sizzle and free 'Scratch and Win" tickets, the required number of surveys were finally completed over a period of six months.

People were in general very supportive of the project's aim to reduce alcohol related harm in the community and the potential long- and short term benefits it could have for the community as a whole. Community members perceived the project to be a good initiative and the baseline community survey appears to have created expectations of what to come.

The Readiness for Change interviews have also been completed in both Kalgoorlie-Boulder and the control community. Overall, conducting the interviews was relatively easy and people were very supportive with their time and put in a lot of effort in providing the project with valuable information.

A snowball sampling method was utilised to get a broad sample of respondents and the sampling continued until the same individuals were mentioned repeatedly, as an indicator of an adequate survey quota. Results indicated a low to medium level of readiness for change and what was needed in this community was to raise the awareness regarding use of excess alcohol and thereto associated harms.

The complete baseline survey methodology and results have been published in Velander, Schineanu and Midford, 2010.

2. Developing an additional logo

During the data collection phase it was noticed that the KAAP logo and the project name were problematic as they provided conflicting information regarding the aim of the project, its content and who the target group is. From peoples' reactions it was clear that there were plenty of misconceptions surrounding the project, namely from it being a treatment program to being a new agency trying to take over clients from already existing service providers, and this resulted in unnecessary resistance towards the project.

In response, a new logo was developed to accompany the KAAP logo. The new logo was titled "takeAIM", as in take Alcohol In Moderation. It was felt that this logo highlights to a great extent what the project is about, i.e., reducing harm caused by excessive consumption of alcohol. The aim of the project is not to stop people from having a good time or stop them from having a glass of beer or wine. It is to minimise the harmful effects associated with an over consumption of alcohol such as violence, traffic accidents, and physical and mental harm. It was also of utmost importance to develop a logo that has a positive connotation and is not something that points the finger at people, this is particularly important in an outback mining community where drinking has been prominent for so long.

3. Christmas Campaign

In response to the results of the baseline community survey and the Readiness for Change interviews, which indicated a very low awareness of alcohol related harm, an information campaign was developed and carried out during December.

The aim of the Christmas campaign was to increase the public awareness of the potential harms of excessive drinking and the four main themes emphasised during the campaign was drink driving, drink spiking, party smart, and alcohol and sport. Earlier research has showed that it is people in the age group of 18 to 35 year olds that are the highest consumers of alcoholic beverages and therefore the campaign was particularly focused on this age group.

In order to reduce potential resistance for the campaign it was decided at an early stage that it was important to provide information with a positive connotation, and to keep a positive approach instead of pointing fingers. It was identified that the majority of current information available on this topic is designed to be very straightforward and serious and that can be a shortcoming when attempting to be more easy going. A new booklet was therefore developed and printed, to provide important and locally specific information in a more relaxed layout, where individuals can pick up information in short bursts of text. A hard copy of the booklet is attached to this report.

Anecdotal data showed that the younger audience (18-35 years old, ie. the target population) reacted more favourably towards the booklet design and the way the material was presented. A formal evaluation of the booklet and the entire Christmas campaign was undertaken in early 2007, and the results were used to guide further interventions and possible refinement and update of the booklet contents and design. The idea was to use the booklet throughout the project period as a way to provide valuable information to the community and to brand the project. During the project period, several community youth groups such as Investing in Our Community's HYPE project and Northern Goldfields Sports and Recreation have received copies of the booklets to include in their health promotion activities.

The booklet was the main piece of information in a gift bag that was distributed in the run up to Christmas; it was distributed through workplaces and liquor outlets. 2000 bags were prepared with an information package, bottle of water, pack of potato chips, condom pack and party poppers. The response to the bags was better than expected and within a week all the bags were distributed. With additional resources it probably would have been possible to distribute an additional 1000 bags.

In addition to the gift bags, a radio advertisement campaign was developed. Five radio messages were recorded by Curtin RadioFM and broadcast on both Radio West and Hot FM, stations that cover the entire south western region of Western Australia, including the entire Goldfields region. The announcements ran for ten days, seven

times a day, adding up to 70 ads for the period. This campaign was formally evaluated in January 2007.

2007

1. **Evaluation of 2006 Christmas Campaign**

The 2006 Christmas campaign was evaluated by phone surveying 220 randomly selected Kalgoorlie-Boulder residents in early 2007. The main findings were:

- Almost one third of respondents (31%) had heard of the "takeAIM" – Take Alcohol in Moderation Campaign;
- 10.3% of those who had heard of the campaign said it influenced them to moderate their drinking;
- Almost 10% said they heard about it through the radio advertising and 4.1% through receiving a gift bag. (This last value is quite a high proportion as only 2000 bags were distributed in a population of 28,000);
- Approximately two thirds (67%) of those who received gift bags, found the contents useful or very useful;
- One third of those who received the gift bags said they read some or the entire "takeAIM" booklet and 83.3% of those said the information in it was useful.

2. **Poster competition for high school students.**

Based on research evidence that health promotion messages aimed at youth are an acceptable form of intervention we decided to hold a high school poster design competition during May-July 2007.

The aims of the competition were:

- To give youth an opportunity to express their views of alcohol and alcohol related problems through art;
- To create awareness and promote responsible use of alcohol among youth.

Focusing on the "*takeAIM* – take Alcohol In Moderation" message, students were asked to choose between an Indigenous and a non Indigenous theme, and could focus on any of five topics: party smart; space your drinks with food and/or

water/soft drinks; don't mix alcohol and sports; don't drink and drive; and don't binge drink. These areas were the same ones used in the 2006 Christmas campaign to further enhance these messages. We received 22 entries and we awarded prizes of iPods and gift vouchers to the students whose posters were judged to best capture the "takeAIM" message, while the winning entrants' school also received $300 to spend on health education resources. The competition received good media coverage and the award ceremony was covered by the local newspaper.

3. Young Women and Alcohol

This project consisted of focus group discussions and interviews with young women to investigate the drinking patterns, context and understandings of low risk drinking of young women in Kalgoorlie-Boulder and to what type of health messages, if any they would listen. We interviewed 23 women between the ages of 18-35 years. The main findings were:

- Under 18 year olds tend to drink at parties with alcohol supplied by older friends, while over 18s drink at home then go to pubs and continue binge drinking. Older participants tended to drink slightly less than younger ones, but spread through the week, the younger ones tended to binge drink on the weekends;
- Types of drink consumed were mainly vodka, gin, wine and beer because they are cheap as well as premixed drinks like Bundaberg and coke, vodka and Redbull. Older participants tended to drink wine;
- Participants had some knowledge of standard drinks, but no idea of what constituted moderate drinking or binge drinking;
- Participants had some knowledge of the short term effects of excessive alcohol use such as injuries from falling over and risky behaviour and loss of memory. The younger ones had minimal knowledge of short and long term health effects; moreover they were not interested in knowing or did not believe it will happen to them. Older participants were concerned about long term health effects, and risk taking behaviour such as drink driving and risky sexual behaviour;

- Younger participants clearly stated they would not pay much attention to health promotion messages about the negative consequences of drinking. They stated they preferred to remain ignorant and would disengage mentally when such messages appeared;
- Both younger and older participants emphasised that shock tactics are more likely to work, eg: grim reaper ads for HIV, or some of the more graphic drink driving and ice (methamphetamine) ads currently on TV. Younger ones said that messages they saw as 10-12 year olds had impact eg. they don't drink and drive and don't smoke;
- Younger ones felt it was too hard for them to change their drinking behaviour now unless someone close to them died of alcohol poisoning (that might slow them down for a couple of years). Older ones said that getting pregnant or planning to get pregnant would change their behaviour, or if their relationship was affected by their drinking eg: partner having concerns about their drinking and post drinking behaviour;
- Older ones said that messages that emphasize damage to relationships with partner/employer or that show effects of excessive alcohol use may work eg: a young woman saying "someone had a good time at my expense" or "I think I was raped last night but I am not really sure as I can't remember";
- Any health promotion messages should be graphic, displayed at pubs (back of toilet doors) or be on TV.

4. Christmas Campaign 2007

Following on from the 2006 Christmas campaign, which aimed to increase public awareness of the potential harms of excessive drinking, and, based on the findings of the baseline survey, the 2007 Christmas campaign's main objective was to readjust the community's standards of moderate drinking. The evaluation of the 2006 Christmas campaign also showed that radio advertisements were the best vehicle for the health messages and to that effect, the campaign consisted of radio advertising as well as a number of other interventions namely:

- Health promotion messages in the Kalgoorlie Miner and the Golden Mail once a week for 6 weeks in the run up to Christmas (from end of October to early December) containing normative information as to moderate drinking. The messages were published in full colour A4 size. For a copy of the messages see Appendix 3;
- Five radio messages, recorded by Curtin RadioFM, were aired on HotFM and RadioWest. These carried messages of moderate drinking and were aired up to 7 times a day for 5 days a week, from beginning of November to mid-December. The wording of the radio ads is in Appendix 4;
- Design and production of 2500 female and 2500 male stubby holders on one side featuring an amusing image to attract attention and on the other containing details of what NH&MRC recommends as moderate drinking for women and men. The stubby holders are being distributed free of charge throughout the community via local organisations and workplaces. A picture of the stubby holders is in Appendix 5 and a couple of stubby holders are included with this report;
- Design and production of large magnetic panels featuring the same image as the stubby holders, to be placed on the company car doors when travelling through the town.

5. Liquor store relocation objection

In June 2007, an application to Racing, Gaming and Liquor regarding relocation and significant expansion of a local bottle shop caused great concern for NGOs, health agencies and the general population of Kalgoorlie-Boulder. KAAP was approached by members of the community and asked to submit an objection to this application together with other organisations such as the Local Drug Action Group, Bega Garnbirringu Aboriginal Health services, which runs the Sobering Up Shelter, Population Health and a number of concerned citizens. KAAP wrote an objection to the application based on national and international research findings and included some results from the baseline survey. The director of Racing, Gaming and Liquor declined the application for relocation and expansion, partly with reference to the information submitted by KAAP and the other objectors. The applicant then appealed

and submitted a more substantial application, using legal assistance. All the objectors to the first application were asked to comment to this new appeal, which consisted of 156 pages of legal documents, declarations and affidavits. The complex legal documents, the short two week response time as well as the possibility of having to defend their arguments against the applicant's legal representatives in front of a commission, was overwhelming for many of the objectors, especially as not one of the NGOs had the financial capacity to hire legal assistance to respond to the appeal. It therefore became important for us to support organisations in working through this document, and to provide guidance in how to best to frame a response. Great importance was put on providing local evidence for the potential harm this relocation could cause the community considering that the new location was within walking distance of an Aboriginal hostel, the Sobering Up Shelter, a drug and alcohol rehabilitation service, an indoor youth sports facility and in the midst of other pubs and hotels. KAAP also submitted further evidence based information as well as photographic evidence to refute significant incorrect statements made by the applicant. The hearing was set for early February 2008. However, in January the legal representatives of the applicant advised the Liquor Commission and all the objectors that they were withdrawing the appeal. This outcome can be considered a great success for a joint community effort to block a cynical commercial action that would in all likelihood have increased alcohol related harm in Kalgoorlie-Boulder.

2008

1. Aboriginal Healing Program Women's Camp

In April 2009, KAAP was invited to carry out a brief intervention with Indigenous women participating in the Aboriginal Healing Program Annual Women's Camp run by the Eastern Goldfields Sexual Assault Resource Centre. The participants at this event were Indigenous women who had suffered past or recent sexual assault and abuse or were family members and carers of victims of sexual abuse. The program presented by KAAP consisted of Indigenous specific information related to alcohol abuse and misuse, its effects and ways to change alcohol use at a community level. The presentation was interactive with members contributing and responding throughout the presentation. Specially designed KAAP stubby holders were also distributed.

Although such a strategy is controversial, we believe that the widespread nature of drinking in Kalgoorlie warranted a harm reduction approach such as this. Feedback from participants was positive; they felt the information was appropriate and reflective of their needs and circumstances.

2. Go Red for Women Sundowner

The event was carried out in collaboration with Goldfields Women's Health Care Centre to raise awareness of cardiovascular disease in women and how alcohol contributes to it. The social event included presentations by the KAAP project coordinator on alcohol and cardiovascular health and had quizzes and games where contestants had to use cryptic clues to answer questions related to the two topics.

3. Interagency forum

KAAP was asked to relaunch and manage the Goldfields Alcohol and Other Drugs Interagency Forum at the request of the Drug and Alcohol Office and community stakeholders. The project coordinator chaired meetings until June 2010.

4. Evaluation of the Norseman Voluntary Liquor Agreement

In 2008 KAAP was approached by representatives from Population Health at Country Health Services, WA Department of Health, and asked to assist in the evaluation of voluntary liquor restrictions in the community of Norseman. These restrictions were introduced by the community itself after almost three years of discussions facilitated by Population Health staff, with strong support from the local publican and local police. Similar to restrictions implemented by the state government in Fitzroy Crossing and Halls Creek, but voluntarily chosen by the community, their aim was to reduce harm caused by excessive alcohol use. The following voluntary restrictions were imposed on the sale of take away alcohol:

> *Between 12 midday and 6pm, Monday to Sunday, red and white Lambrusco wine was limited to one 5 litre cask per person per day, port wine was limited to one 2 litre cask per person per day and non-fortified wine was limited to one 4 litre cask per person*

per day. No sales of the above mentioned products were permitted at any other time.

The evaluation report collates quantitative and qualitative data gathered from a number of sources to assess the effect of the restrictions including hospital admission data, alcohol sales data, police data and from focus group discussions and interviews with key stakeholders. Report is available at http://ndri.curtin.edu.au/local/docs/pdf/publications/T202.pdf

Summary of key quantitative findings:

- There was an overall 10.3% reduction in total police tasks attended in the 12 months after the restrictions were introduced, from 165 tasks to 148.
- There was a 17.5% reduction in assaults from 40 cases to 33 and a 15.3% decrease in domestic violence incidences, from 46 cases to 39.
- There was a 19.5% increase in charges to random breath tests (RBTs) from 33 to 41 cases, attributed by the police to a change to more targeted testing ie. targeting patrons leaving the pub.
- There was a 60.5% decrease in the number of alcohol related hospital admissions from 38 to 15 admissions in the 12 months after the restrictions.
- Per capita consumption of alcohol has dropped from 16.99 L to 15.49 L, with the majority of the decrease observed in cask red wine (75.8% decrease) and fortified wine (50.6% decrease).

Summary of key qualitative findings:

- Increased rates of voluntary and early health care seeking behaviour (flu vaccine, regular blood glucose testing)
- Improved nutrition (eating breakfast and healthy home cooked food regularly, making financial arrangements for children's school lunches)
- Increased rates of participation in family, community and sporting activities
- Attempts to become self-reliant (seek employment, start-up businesses, growing own food)

- Decreased rates of violence and arguments
- Decreased rates of public drunkenness

5. Liquor licensing objections

In 2008 KAAP lodged two objections to liquor licensing applications to the Department of Racing, Gaming and Liquor. The first one was an objection for Extended Trading Permit by a bottle shop to trade as normal on Sundays, which would have set a precedent in the town as no standalone bottle shops are open on Sundays, although there are already several hotels that offer drive through liquor sales. The second objection was against an Extended Trading Permit to allow one of the hotels on the main street to stay open from 12am-2am on certain nights. This hotel has been breaching liquor licensing regulations and is well known not to serve alcohol responsibly thus it was important to try and prevent an extension to their trading hours, in particular as that area of Hannans St is constantly in the news due to alcohol related violence and anti-social behaviour. Besides submitting objections on behalf of KAAP we also assisted a number of other agencies in the community with lodging an objection, to ensure they had the appropriate data and research evidence to back their claims up.

The ruling by the director of Racing Gaming and Liquor on the first objection was against the applicant and in KAAP's favour but the applicant's lawyers appealed the decision. The Liquor Commission reviewed the application and the objections and decided in favour of the objectors. On the second application a decision is still pending.

6. Taking AIM – health column

In 2008 the Kalgoorlie Alcohol Action Project reached an agreement with the local newspaper, the *Kalgoorlie Miner*, to publish a fortnightly health column addressing the impact of alcohol on health. The "Taking AIM" health column ran from July 2008 to March 2010 and has received very good reviews from readers. We attempted to shape the column to reflect what is happening in the community and the different

community events. Approximately 40 columns were published throughout this period.

7. Drug Action Week 2008

During Drug Action Week 2008 KAAP together with a number of other AOD agencies collaboratively held an interactive display and free sausage sizzle at St Barbara Square in central Kalgoorlie. The other organisations present were the Kalgoorlie Local Drug Action Group, Bega Garnbirringu (Aboriginal Medical Service) and the local Police. It was highly successful and it is estimated that over 220 people went through the display. KAAP's display had competitions where people had to guess standard drinks in a comically large glass of wine, and a multiple choice quiz on standard drinks, moderate drinking and binge drinking with all the answers available in the information material that was on display. We offered Target gift cards as prizes in the competitions and as incentives for people to read and discuss alcohol related issues.

8. "Reality Check" workplace program

KAAP was approached by one of the bigger mining companies in the region and asked to conduct a comprehensive health screening of their employees and to develop evidence based interventions to tackle issues identified in the screening process. A screening instrument was developed and data collected from 600 employees of the company during August and September 2008. The instrument investigated various dimensions of health and wellbeing including depression, work stress and diabetes and cardiovascular disease risks. Analysis of the results was carried out and individual findings have been fed back to the employees in a confidential manner and the company will be providing support to those taking steps to improve their own health status. Furthermore, alcohol abuse and depression were identified as problems for the organisations and KAAP developed an evidence based intervention for alcohol and other drugs specifically aimed at managers and supervisors, and we are in negotiations with the company about the implementation timetable. A peer reviewed paper on this intervention has been published in the Journal of Health, Safety and Environment (Velander, Schineanu and Midford, 2010).

9. "Boom Town or Booze Town" Community Forum

On November 12th 2008 KAAP ran a community forum named "Boom Town or Booze Town". The aims of the forum were:

- To gauge from community members how they see the town portrayed
- To inform community members on aspects of alcohol related harm in our local community
- To identify what changes our community would like to see occur in relation to reducing alcohol related harm
- To identify strategies from a community perspective on ways to change currently accepted "norms" in relation to alcohol consumption in our community
- To provide information to community members on what works and why to raise awareness of and discuss alcohol related issues in the community.

The event was heavily publicised in the local media and through email networks, posters and individual invitations to relevant people such as city councillors.

Approximately 60 people attended the forum and were given four different presentations to inform and to create discussion. Firstly the Police presented local statistics on alcohol related assaults, violence and other crimes and described their role around this matter. This was followed by a presentation from an Aboriginal AOD Counsellor who discussed alcohol issues from an Indigenous perspective, focusing particularly on the impact of colonisation on alcohol use. The third presentation was from the Youth Mayor who painted a very frank and disturbing picture of alcohol abuse among underage youths in Kalgoorlie. The final presentation was by the KAAP project coordinator, and he discussed the various evidence based interventions that may be successful in a community such as Kalgoorlie.

The outcomes of the forum after a lively question and answer session with the panel and community members were:

- an expressed desire for the community to receive more local statistics on alcohol related crimes and issues;

- community acknowledgement that alcohol is a problem but is unsure of what they can do, and a desire for leadership from the city council on this issue;
- concern about drinking among young people, in particular, and the need for more positive leadership among this group; and
- agreement that the community would like information on what they can do to change the drinking culture of the region.

KAAP has publicised these outcomes in the local newspaper, disseminated to local stakeholders and is working to ensure these outcomes are addressed in a sustainable manner.

10. St Barbara's Parade

In 2008 KAAP attended the St Barbara's Parade, a large annual parade down the main street in Kalgoorlie usually attended by thousands of spectators and whose purpose is the celebration of St Barbara the patron saint of miners. The float was a collaboration between the Kalgoorlie Local Drug Action Group – our reference group, and KAAP, and the theme for 2008 was "ten", so we produced a large gift wrapped box with a beer glasses on the sides and the words "10 is 6 too many" written on the glass. We also distributed the KAAP stubby holders promoting moderate drinking and standard drink information to spectators lining the streets. Some pictures are provided in Appendix 4.

11. Christmas campaign

In 2008 KAAP expanded its "Take AIM - Alcohol in moderation" message to focus on the fact that alcohol abuse affects all of us, regardless of whether we drink or not. The result was the "Too much booze, we all lose" campaign, which saw locally-produced advertisements run across regional television and radio outlets. The 45-second television advertisement reflected the cost to people who become innocent victims of the irresponsible actions of others who cannot choose not to drink alcohol responsibly. It also highlights people having a drink and enjoying a night out without harming others. The concept for the ad evolved from the results of a community survey of 18-35 year olds in Kalgoorlie-Boulder. Most of the respondents (52.1%) rated street violence as the most important issue in relation to excessive alcohol

consumption in our community. When asked about what style of advert they would pay the most attention to, respondents rated "shocking" as the highest (59.4%). More than three-quarters (79.7%) said 18-25 was the age group that drinks at the riskiest levels, and two-thirds said a pub was the most appropriate setting for a locally based advert. These results, combined with the expertise and experience of local film producer Gary Brown, of Natcam Productions, and Lisa Van Oyen, Director of Stage Left Theatre Troupe, brought the ad to life. More than 30 Goldfields residents were involved in this year's campaign, including local police and paramedics, which helped raise the profile of this issue in the local community and showed a great deal of community support. The advert ran on WA regional television network WIN from 30 November for three weeks. It was shown an average of three times a day on weekdays, after 8.30pm due to its PG rating.

In addition, a series of engaging Christmas jingles featured on local radio station Radiowest/Hot FM in the first two weeks of December. The jingles, produced with the help of the Kalgoorlie-Boulder Community Choir *Two Up Two Down*, are a parody of popular Christmas carols *Jingle Bells* and *Deck The Halls*. They outline the health risks and social consequences that can result from excessive drinking. The Christmas campaign was launched publicly on November 22nd 2008 at the Hannans Club.

2009

1. Liquor licensing objections

In 2009, KAAP lodged its fourth objection to a liquor licensing application to the Department of Racing, Gaming and Liquor. It was against an Extended Trading Permit to allow one of the hotels on the main street to stay open from 12am-2am on most nights. This hotel is well known for not serving alcohol responsibly thus it was important to try and prevent an extension to their trading hours, in particular as that area of Hannan St is constantly in the news due to alcohol related violence and anti-social behaviour. The ruling by the director of Racing Gaming and Liquor on this objection is still pending.

In 2009 one of KAAP's objectives was to increase the capacity of community organisations to enable them to object to liquor license applications effectively and appropriately. To this end we worked together with two organisations (Kalgoorlie Local Drug Action Group and Eastern Goldfields Sexual Assault Resource Centre) to enable them to gather supporting evidence and present it in a way that would maximise their chances of success. The submission from the Eastern Goldfields Sexual Assault Resource Centre focused on a particular aspect of liquor licensing, namely the application for providing adult entertainment on licensed premises, and their objection was successful. The outcome for the objection from the Kalgoorlie Local Drug Action Group is still pending.

2. Media collaboration

KAAP has actively engaged the Kalgoorlie Miner newspaper editor and its staff and we have had discussions about the role the paper could take in creating discussion around the issue of alcohol. We provided information on the Geelong Advertiser's award winning program to address alcohol related harm as an example of how a newspaper can make a difference. The outcome has been an increase in the number of feature articles around alcohol and an increased presence of articles featuring alcohol related research news from Australia and overseas. The Kalgoorlie Miner has also increased its online presence, in particular on Facebook, where they post topics of concern to the community and alcohol and alcohol related issues appear frequently. This move into cyberspace has also allowed KAAP to increase awareness by posting comments and questions to various stories, and generating discussion among community members who respond, thus creating online forums around the topics.

3. Christmas campaign 2009

In 2009 with a much reduced budget and only one part time staff member KAAP decided to have an information campaign with a twist which consisted of the design and distribution of messages along the theme of 12 days of Christmas. The posters were advertised in the local newspaper and around town with all 12 messages displayed by 23rd December. Some of the places where the posters were displayed

were in the hospital emergency and outpatient waiting room, in shop windows and GP's waiting rooms. It was not possible to formally evaluate the campaign because of financial restraints, however KAAP has received numerous positive comments on the posters and we were approached by a local company asking for copies of the posters in electronic format so they could put them up around their various work sites. The electronic version of the posters became 'viral' and was sent around the local networks by community members.

2010

This year was spent on disseminating the findings of the previous years to the local and the wider research communities in the form of peer reviewed journal publications, technical reports, through local and national media and through oral presentations.

Appendix 2: Conference attendance and presentation by the staff of the Kalgoorlie Alcohol Action Project.

Date	Presenter (role)	Symposium	Presentation title
6/2006	F Velander (coordinator)	2006 Alcohol Education and Research Foundation Conference, Sydney, NSW	Attendance only
7/2006	F Velander (coordinator)	20th Anniversary Conference of the National Drug Research Institute, Perth WA	Poster: KAAP taking action to reduce alcohol related harm
11/2006	F Velander (coordinator)	Australasian Professional Society for Alcohol and Drugs (APSAD),Cairns, QLD	KAAP - taking action to reduce alcohol related harm
13-17/5/2007	F Velander (coordinator)	18th International Conference on the Reduction of Drug Related Harm, Warsaw, Poland	Kalgoorlie's Alcohol Action Project: Preventing alcohol related harm in an outback community of Western Australia
22-23/6/2007	F Velander (coordinator)	LDAG Goldfields Regional Forum, Kalgoorlie, WA	Current alcohol trends in the region: Results of a baseline study
19/7/2007	F Velander (coordinator)	National Drug Research Institute Public Seminar, Perth WA	Investigating a community's readiness for changing the way it deals with alcohol
3/2008	F Velander (coordinator)	Drug and Alcohol Office Workshop, Perth, WA	Kalgoorlie Alcohol Action Project – mobilising a community to reduce harm
12/11/2008	F Velander (coordinator)	Boom Town or Booze Town Community Forum, Kalgoorlie, WA	Resources and strategies to assist communities in addressing and managing alcohol related issues
23-26/11/2008	F Velander (coordinator)	Australasian Professional Society for Alcohol and Drugs (APSAD), Sydney, NSW	The use of social marketing to change community norms towards alcohol misuse.
23-26/11/2008	A Schineanu (evaluation officer)	Australasian Professional Society for Alcohol and Drugs (APSAD), Sydney, NSW	Risky drinking in young women: an investigation into motivation, knowledge and context
31/1/2009	F Velander (coordinator)	Local Drug Action Group State Conference, Perth, WA	Objecting to Liquor Licence applications – dos and don'ts
31/1/2009	A Schineanu (evaluation officer)	Local Drug Action Group State Conference, Perth, WA	Raising awareness of alcohol issues in a regional community – Kalgoorlie LDAG
9/2009	A Schineanu (coordinator)	Notre Dame University Health Promotion Students, Perth WA	KAAP – AOD health promotion in a regional area
12-14/11/2009	F Velander (former coordinator) A Schineanu (coordinator)	Rural and Remote Mental Health Conference	Digging deep and coming up blue – a health survey in the mining industry

Appendix 3: Community Survey Instrument

KALGOORLIE ALCOHOL ACTION PROJECT (KAAP)

Community Survey

The Kalgoorlie Alcohol Action Project aims to reduce the negative consequences of excessive alcohol use within the Kalgoorlie-Boulder Community. The purpose of this Community Survey is to gather information regarding individual perceptions, consumption levels, drinking patterns and alcohol related problems in Kalgoorlie-Boulder. The survey also investigates whether local initiatives are effective in reducing alcohol related problems.

Participation in this survey is voluntarily and the information collected will be confidential. No individual information from this survey will be shared, published or released. By completing this survey you give your consent of participation.

If completing electronically, use the mouse and "click" on your answer, when asked to write a response just type in the form. When you have completed the questionnaire save it and attach it to an email and send it to the following e-mail address: a.schineanu@curtin.edu.au. Or fax to 9088 6045.

This project is conducted by the National Drug Research Institute, Curtin University. If you have any questions or would like any more information about this project please contact;

Andreia Schineanu
a.schineanu@curtin.edu.au
Ph (08) 9088 6902

Are you willing to take part in the survey?

1☐ **Yes** 2☐ **No**

1. **Your age** 1☐ **18-24** 2☐ **25-44** 3☐ **45+**

2. **Are you currently a resident in Kalgoorlie-Boulder OR do you carry out business (shopping, work) in Kalgoorlie-Boulder on a regular basis ?**

1☐ **Yes** 2☐ **No**

3. **How long have you lived here?_____**

4. **Your gender** 1☐ **Male** 2☐ **Female**

5. **Do you identify as Aboriginal/ Torres Strait Islander?**

1☐**Yes** 2☐ **No** 3☐ **Don't know**

6. **Have you drunk a full standard drink of alcohol in the past year**

1☐**Yes** 2☐ **No (if No go to question 15)**

7. **In the past year how <u>OFTEN</u> did you have at least one standard drink**

1☐ **Every day or nearly everyday**
2☐ **3-4 times a week**
3☐ **1-2 times a week**
4☐ **2-3 times a month**
5☐ **Once a month**
6☐ **Most months**
7☐ **3-6 times in the past year**
8☐ **Once or twice in the past year**

8. **In the past year how <u>MANY</u> standard drinks did you usually have when you drank**

1☐ **1-2 standard drinks**
2☐ **3-4 standard drinks**
3☐ **5-6 standard drinks**
4☐ **7-10 standard drinks**
5☐ **11-20 standard drinks**
6☐ **More than 20 standard drinks**

9. **IF you are a MALE, in the past month, how often did you drink 7 or more standard drinks on any one day (write the number of times on the line)?** _____

IF you are a FEMALE, in the past month, how often did you drink 5 or more standard drinks on any one day (write the number of times on the line)? _____

10. **Where do you usually drink alcohol? (*Tick all boxes that apply to you*)**

1 ☐ **At home**
2 ☐ **The pub**
3 ☐ **At work** (after knocking off)
4 ☐ **The sporting club**
5 ☐ **Outdoors**
6 ☐ **Others, please specify**

_____

11. **Where do you drink the most alcohol (*Tick only ONE box*)**

1 ☐ **At home**
2 ☐ **The pub**
3 ☐ **At work** (after knocking off)
4 ☐ **The sporting club**
5 ☐ **Outdoors**
6 ☐ **Others, please specify**

_____

12. **When do you usually drink alcohol?**

1 ☐ **During the weekend (Friday 5pm to Monday 6am)**
2 ☐ **During the week (Monday 7am to Friday 4pm)**
3 ☐ **Spread evenly over the entire week, including weekend.**
4 ☐ **A little during the week but on the weekend I drink more**
5 ☐ **When I have time off from work (if doing shift work)**

13. **When do you usually drink the most alcohol? (*Tick only ONE box*)**

1 ☐ **During the weekend (Friday 5pm to Monday 6am)**
2 ☐ **During the week (Monday 7am to Friday 4pm)**
3 ☐ **Spread evenly over the entire week, including weekend.**

14. **Compared to the rest of the population in Kalgoorlie-Boulder how do you rate your drinking?**

1 ☐ **Very much above average**
2 ☐ **Slightly above average**
3 ☐ **Average**
4 ☐ **Slightly below average**
5 ☐ **Very much below average**

15. In your opinion, what are the THREE main alcohol related problems within Kalgoorlie-Boulder? Have these problems got better or worse over the last 12 months?

Directions
(Please tick 3 (three) answers from the left hand column & then decide if the problem has become better or worse by clicking in the appropriate number in the right hand columns)

Alcohol related problem	Got much worse	Got worse	The same	Got better	Got much better
1☐ **Public drunkenness**	1☐	2☐	3☐	4☐	5☐
2☐ **Alcohol related violence**	1☐	2☐	3☐	4☐	5☐
3☐ **Alcohol related crime**	1☐	2☐	3☐	4☐	5☐
4☐ **Underage drinking**	1☐	2☐	3☐	4☐	5☐
5☐ **Domestic violence**	1☐	2☐	3☐	4☐	5☐
6☐ **Liquor outlets not selling responsibly**	1☐	2☐	3☐	4☐	5☐
7☐ **Drink driving**	1☐	2☐	3☐	4☐	5☐
8☐ **Excessive drinking in sporting clubs**	1☐	2☐	3☐	4☐	5☐
9☐ **Intoxicated people at work**	1☐	2☐	3☐	4☐	5☐

10☐ **Other problems (Please specify)**

_____

16. Do you know if anything is being done locally to reduce alcohol problems?

1☐ **Yes** 2☐ **No**

(If you answered **Yes***, please list what you know is being done. If you answered* **No** *continue to the next question)*

a1)_____

b2)_____

c3)_____

17. Do pubs do any of the following?

a. Not sell alcohol to people who are already drunk
1☐ **Yes** 2☐ **No** 3☐ **Unsure**

b. Provide free drinking water
1☐ **Yes** 2☐ **No** 3☐ **Unsure**

c. Serve free bar snacks
1☐ **Yes** 2☐ **No** 3☐ **Unsure**

d. Have a breathalyser on the premises
1☐ **Yes** 2☐ **No** 3☐ **Unsure**

18. What types of information are available about alcohol use in your community?

a. A library information centre
1☐ **Yes** 2☐ **No** 3☐ **Unsure**

b. Alcohol information on drink coasters
1☐ **Yes** 2☐ **No** 3☐ **Unsure**

c. Breathalyser in pubs
1☐ **Yes** 2☐ **No** 3☐ **Unsure**

d. Media campaigns
1☐ **Yes** 2☐ **No** 3☐ **Unsure**

e. Alcohol education in schools
1☐ **Yes** 2☐ **No** 3☐ **Unsure**

Other (Please describe)_____

19. Could you please indicate to what extent you agree or disagree with the following statements.
(Please click in the box that best fits your answer)

	Strongly Agree	Agree	Unsure	Disagree	Strongly disagree
a) The number of places where alcohol is sold should be reduced	1☐	2☐	3☐	4☐	5☐
b) Liquor outlets should always ask young people for proof of age	1☐	2☐	3☐	4☐	5☐
c) Opening hours for liquor outlets should be reduced	1☐	2☐	3☐	4☐	5☐
d) There are too many drinking establishments in this town	1☐	2☐	3☐	4☐	5☐
e) Alcohol is a bigger problem in Kalgoorlie than elsewhere	1☐	2☐	3☐	4☐	5☐
f) Owners of establishments should be responsible for preventing patrons drinking to excess	1☐	2☐	3☐	4☐	5☐
g) The community is involved in preventing alcohol problems	1☐	2☐	3☐	4☐	5☐
h) Police should put more effort into catching drink drivers	1☐	2☐	3☐	4☐	5☐
i) Establishments that serve alcohol should serve free snacks with drinks	1☐	2☐	3☐	4☐	5☐
j) Establishments that serve alcohol should provide free drinking water	1☐	2☐	3☐	4☐	5☐
k) Breathalysers should be available in establishments that serve alcohol	1☐	2☐	3☐	4☐	5☐
l) There should be no “Happy Hour” in pubs	1☐	2☐	3☐	4☐	5☐
m) How much a person drinks is a private matter	1☐	2☐	3☐	4☐	5☐
n) People in Kalgoorlie are drinking less now than 12 months ago	1☐	2☐	3☐	4☐	5☐
o) Alcohol plays a central role in the social life of our community	1☐	2☐	3☐	4☐	5☐
p) Alcohol is less of a problem now than 12 months ago	1☐	2☐	3☐	4☐	5☐
q) It’s safe to walk home from the pub in the evening	1☐	2☐	3☐	4☐	5☐
r) Sporting clubs should be more responsible about serving alcohol	1☐	2☐	3☐	4☐	5☐
s) Applications for new liquor licenses should be better advertised	1☐	2☐	3☐	4☐	5☐
t) Council should be able to limit the number of liquor outlets in town	1☐	2☐	3☐	4☐	5☐
u) Information on alcohol and alcohol related harm is readily available in our community	1☐	2☐	3☐	4☐	5☐
v) There is a lot being done locally about alcohol problems	1☐	2☐	3☐	4☐	5☐
w) Young people should be taught about alcohol	1☐	2☐	3☐	4☐	5☐

Thank you for your time & cooperation

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